BANNER ID ${ m A0}_{-}$	NAME						DUPLICATE DIPLOMA
		Last Name]	First	N	Iiddle	

APPLICATION FOR DUPLICATE SLIPPERY ROCK UNIVERSITY DIPLOMA

SLIPPERY ROCK UNIVERSITY
OFFICE OF ACADEMIC RECORDS & REGISTRATION
104 MALTBY AVENUE, SUITE 107
SLIPPERY ROCK, PA 16057
PHONE: (724) 738-2010 FAX: (724) 738-2936

academic.records@sru.edu

Former graduates of Slippery Rock State Teachers College, Slippery Rock State College or Slippery Rock University may request a diploma indicating graduation from Slippery Rock University by completing the information requested below and returning this form to the Office of Academic Records & Registration. This form may be submitted by fax to 724-738-2936, by scan and email to academic.records@sru.edu or by regular mail to the address listed at the top of the form. There is a \$20 fee associated with each duplicate diploma requested. You may pay this fee by credit card online at https://www.sru.edu/academics/academic-services/academic-records/request-a-transcript under "Requesting a Duplicate Diploma" or you may send a check for \$20 made payable to Slippery Rock University. If you are requesting more than one new diploma (i.e. – Bachelors & Masters), please use a different form for each diploma ordered. The diploma will read "Slippery Rock University" and will have the current leadership of SRU and PASSHE listed.

First	Middle or Maider	<u> </u>		Last		
NOTE: If your name has ch permanent record, you must				ou would like to update your authorizing the name change.		
Name under which you were	registered at Slippery Roc	k University <u>if c</u>	<u>lifferent</u> t	han the name above:		
Student Birthdate:	4.	Work Phone:)		
		Home Phone:	()		
		Email:				
Mailing Address for Duplica	te Diploma:					
		Street				
City	Sta	State		Zip		
Date Graduated from Slipper	ry Rock: 7.	Degree Confer	rred:			
Month Day	Year					
Stud	dent's Signature			Date		