



## Registrar's Office Duplicate Diploma Request

To receive a duplicate copy of your Associate's degree diploma or Technical Certificate, please complete this form and submit it, along with your payment of the \$25.00 fee, to Southern University at Shreveport Registrar's Office. Submit one form for each requested duplicate diploma and/or certificate. The fee may be paid in person with cash, money order, or credit/debit card or mail this form, with a money order payable to Southern University at Shreveport, ATTN: Registrar's Office, 3050 Martin Luther King, Jr. Drive, Shreveport, Louisiana 71107.

According to our present policy, all duplicate diplomas show the date the degree was originally conferred and bear the signatures of the original University officials. The name to appear on the duplicate diploma will be that which appears on University records. If your reason for ordering the duplicate diploma is that you have had a change of name, please indicate your new name as requested below. Please attach a completed *Change of Name and/or Address* form with the required documentation.

Your duplicate diploma and/or technical certificate will be mailed to you at the address listed below. Please allow up to thirty (30) business days (not including weekends or holidays) for your duplicate diploma/certificate request to be processed.

### Name as listed on University records:

Last Name	First Name	Middle Initial	Maiden Name
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### Name as it should appear on diploma:

Last Name	First Name	Middle Initial	Maiden Name
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Date of Birth: \_\_\_\_\_ Last 4-digits of SSN \_\_\_\_\_ SUSLA ID # **9000**

### Mailing Address:

Street	City	ST	Zip
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Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

DEGREE EARNED: (CHECK ONE)	AAS ____	AGS ____	AS ____	CTS ____	CAS ____	TD ____
Major _____	Second Major (if applicable) _____					
Concentration _____	Second Concentration (is applicable) _____					

Date of Graduation: \_\_\_\_\_ Delivery Method: ☐ will pick up diploma ☐ mail diploma

Reason for Request: ☐ lost ☐ damaged ☐ incorrect ☐ other \_\_\_\_\_

**Please note that the approximate delivery time is 2–4 weeks.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY

Received Date: \_\_\_\_\_ Mailed Date: \_\_\_\_\_ Picked-Up Date : \_\_\_\_\_ Payment information: ☐ cash  
☐ money order  
☐ credit card

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Shreveport, Louisiana 71107  
[www.susla.edu](http://www.susla.edu)

Phone: (318) 670-9229  
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