LSU Health NEW ORLEANS

Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112
(504) 568-4829 Fax (504) 568-5545
registrar@lsuhsc.edu

REQUEST FOR DUPLICATE DIPLOMA OR CERTIFICATE

Clear Form

To order a duplicate diploma or certificate, please complete this form and mail it to the above address along with a check or money order for $30.00 payable to LSUHSC. Please allow up to eight weeks for processing.
Certified Copy: No charge if a photo copy of the diploma is provided or one is on file at the university.

1. Name_____ Student ID # _____
   Last, First, Maiden or Middle — on Back of ID Card

2. Social Security #_____ Date of Birth____/____/____

3. Contact Information (____)_____ (____)_____ _____
   Daytime phone — Evening phone — Email

4. Name as It Appears on Diploma/Certificate

   _____

5. School Attended ☐ Allied Health Professions ☐ Dentistry ☐ Graduate Studies
   ☐ Medicine ☐ Nursing ☐ Public Health

6. Dates of Attendance from____/____/____ to ____/____/____ Graduation Date____/____/____

7. Degree _____

8. Reason for Duplicate Request:

9. Mail to: _____
   Your Name

   _____
   Street

   _____
   Street

   _____
   City State Zip

➢ ➢ ➢ ➢ ➢ Your signature is required. ➢ ➢ ➢ ➢ ➢

_____ ____/____/____
Signature Date