

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

**CERTIFIED  
DIPLOMA FOR  
LICENSURE**

**Clear Form**

Certified Diplomas for Licensure are provided to the licensing board at no cost if you provide a photocopy of the diploma, or one is on file at the university. If a copy is not on file with the university, you must place an order for a replacement diploma online through [Parchment®](#). The cost is \$30 per copy. Please allow up to ten business days for processing.

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

5. Graduation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Degree \_\_\_\_\_

7. Send Diploma to: \_\_\_\_\_  
Board Name or Email

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

➤ >Your signature is required. < < < < <

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date