

**\*\*All Diplomas are Printed 11" X 14" \*\***

**Sam Houston State University**  
*A member of the Texas State University System*  
**Office Of the Registrar**  
**Box 2029**  
**Huntsville, Texas 77341-2029**  
**Fax: (936) 294-4964 Phone: (936) 294-1035 Email: ask.regstaff@shsu.edu**  
**Request for Duplicate Diploma**

The cost of a duplicate diploma is \$25.00 per copy. Payment is due with this request and your signature is required.

- If mailing, please include payment by check, money order or credit card. Make checks payable to SHSU.
  - If faxing, credit card information is required (see below).
  - If you plan to pay in person please bring this form along with your payment to the Registrar's Office.
- After 4:00 p.m. credit cards will not be accepted, only cash or check payments.**

**The name to appear on the diploma will be the official name listed on your academic record with Sam Houston State University**

D.O.B. \_\_\_\_\_

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      SAM ID NUMBER

**If name requested on the duplicate diploma is different from your original diploma, you must provide proper documentation (court documents, marriage license, driver's license, social security card) for this name change. This documentation, however, will not change your name on the permanent record.**

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

- A correct mailing address must be provided. Should the diploma be returned to our office due to an incorrect address provided, you will be required to pay an additional \$7.50 re-mailing fee.
- Although the original date of graduation will be shown, the graduate must agree to accept the current diploma format concerning facsimile signatures (e.g., president, board of regents, etc..)

Signature: \_\_\_\_\_

Degree Awarded _____ Date of graduation _____ Major _____
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For credit card payment, we accept Visa/MasterCard Circle: Visa / MasterCard Card Number: _____ Expiration Date: _____ Signature: _____
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