



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

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

Mail this form along with a check or money order (credit card payments are not accepted) payable to SHSU in the amount of \$40.00 to the address below. Please allow a minimum of 2 weeks for processing.

Sam Houston State University
Office of the Registrar
Box 2029
Huntsville, Texas 77341-2029

Please note: When providing a check as payment, you authorize Sam Houston State University to either use the information from the check to make a one-time electronic fund transfer from your account, or to process the check as a check transaction. For inquiries, please call the Bursar's Office at (936) 294-1083.

SamID or Last 4 digits of SSN

Date of Birth

Last Name

First Name

Middle name

Your name will be printed as it appears officially on your academic record.

A full name change will not be printed unless proper documentation has been submitted to & processed by the SHSU Payroll department prior to submitting the duplicate diploma request to the Registrar's Office.

Mailing address:

Street

City

State

Zip

Contact Information

() _____ - _____
Telephone Number

Email Address

Although the original date of graduation will be shown, by making this request, I, _____, agree to accept the current diploma format concerning facsimile signatures. Furthermore, I understand that if the duplicate diploma is returned to the Office of the Registrar because of an error in the address entered above, I agree to pay an additional \$7.50 re-mailing fee.

Signature

Date

Emailed or faxed requests will not be accepted.

OFFICE USE ONLY

Degree Awarded _____

Processed by _____

Date of Graduation _____

Date Mailed _____

Major _____