



Request for Duplicate Diploma

Name: _____

CWID/SSN: _____

Date of Graduation: _____ Degree Received: _____

Number of Diplomas Requested: _____ X (\$30.00 per diploma) = \$ _____ Total

Day Phone: (_____) _____ Email: _____

Name on Diploma _____

Address to be mailed: _____

Signature: _____ Date: _____

Mail form and \$30.00 per duplicate diploma requested to:

Texas A&M University-Commerce
Office of the Registrar
P.O. Box 3011
Commerce, TX 75429

With few exceptions, you have the right to request, receive, review and correct information about yourself collected by this form.

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Office use only:

Grad. Term: _____	Degree: _____
President: _____	Chancellor: _____
Alpha Chi: YES NO (circle one)	Acad Dist: _____
Payment: YES NO (circle one)	SOAHOLD: YES NO (circle one)
Print Date: _____	Mail Date: _____