



Diploma/Certificate Request Form

PLEASE COMPLETE THE BELOW:

- First, check the box selecting the product option
- Second, check the box selecting the shipping option
- Third, submit paper request with payment

REPLACEMENT OPTIONS:

***DIPLOMA FEES:**

\$20.00 for each Replacement Diploma

Check Box

Number of Replacement

I would like ____ Diploma(s)

\$20.00 for each Replacement Diploma Cover

I would like ____ Cover(s)

***Graduation/Commencement fees include 1 original diploma with cover.**

CERTIFICATE FEES:

\$10.00 for each Certificate

I would like ____ Certificate(s)

(Graduate/Post-Baccalaureate Only)

SHIPPING OPTIONS:

DOMESTIC DESTINATION:

Check Box

***Silver Service** (up to 45 days) – included w/Replacement Option Fees

Gold Service (8 business days) - \$40.00

Platinum Service (2 business days) - \$95.00

INTERNATIONAL DESTINATION (Pricing varies from \$90.00 - \$140.00)

Gold Service – Call for exact pricing (916) 278-7757 or (916) 278-7758

Platinum Service – Call for exact pricing (916) 278-7757 or (916) 278-7758

***Monthly orders are submitted in bulk for printing, with delivery upon completion of all documents submitted, and are mailed out in bulk. Please allow up to 45 days for delivery.**

PAYMENT (Options Currently Available):

CHECK/MONEY ORDER PAYABLE TO SACRAMENTO STATE

Mail Option – Sacramento State, Bursar’s Office
6000 J Street, Lassen Hall, MS 6052
Sacramento, CA 95819

Submit in Person – Sacramento State, Bursar’s Office
Lassen Hall, Room 1001

REQUIRED INFORMATION TO COMPLETE YOUR REQUEST

Please clearly provide the below information in blue or black ink

NAME (Must conform to your legal name on your Sac State record):

First: _____ Middle: _____ Last: _____

Student ID #: _____

Date of Birth: Month: _____ Day: _____

DEGREE INFORMATION:

Degree Type: _____
(BA, BS, MA, MS, etc.)

Graduation: Semester: _____ Year: _____

Major: _____

CERTIFICATE INFORMATION:

Certificate Of: _____

Certificate Issued: Semester: _____ Year: _____

ADDRESS FOR SHIPPING INFORMATION ONLY:

Street Name/Number or PO Box: _____

City/State/Zip Code: _____

Daytime Phone Number: _____

Email: _____

Total fees included with Diploma/Certificate/Shipping request: \$ _____

STUDENT'S SIGNATURE (REQUIRED):

DATE _____