



# 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:** All orders

**DOMESTIC DESTINATION:**

*Check Box*

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

**Gold Service** (8 business days) - **\$60.00**

**Platinum Service** (4 business days) - **\$95.00**

**INTERNATIONAL DESTINATION (Pricing varies from \$90.00 - \$250.00)**

**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 \_\_\_\_\_