



Diploma/Certificate Replacement 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:**

Check Box

Number of Replacement

\$20.00 Each Replacement Diploma (REPLDIPLOMA)

I would like ___ Diploma(s)

\$20.00 Each Replacement Diploma Cover (DIPLOMACOVER)

I would like ___ Cover(s)

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

CERTIFICATE FEES:

\$10.00 for each Certificate (CERTIFICATE)

I would like ___ Certificate(s)

(Graduate/Post-Baccalaureate Only)

SHIPPING OPTIONS:

DOMESTIC DESTINATION:

Check Box

***Standard Service – included w/Replacement Option Fees**

Rush orders are not available at this time and will resume in August 2026

INTERNATIONAL DESTINATION (Pricing varies)

Service Options – Call for exact pricing (916) 278-7757 or (916) 278-1000 [Select Option 4]
(INTLRUSH)

- **Orders are bulk processed for printing, with delivery upon completion of all documents submitted, and are then mailed out in bulk.**

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 will print on the diploma as completed in the fields below*

NAME (Recommended the name printed on your diploma match your official legal name. Preferred name may be used, however Third parties in receipt of your diploma will NOT be able to verify your degree, as a degree verification includes confirming a full legal name).

Legal Name:

First: _____ Middle: _____ Last: _____

Diploma Name (Complete only if you would like this name on the Diploma):

First: _____ Middle: _____ Last: _____

Student ID #: _____ Date of Birth: Month: _____ Day: _____

DEGREE INFORMATION: (One Order Form Per Degree Requested)

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 _____