



DUPLICATE DIPLOMA REQUEST FORM

LLU ID# or Social Security Number: _____

Name on Diploma: _____

Telephone Number: _____

E-mail Address: _____

Degree and Major: _____

Date Awarded: _____

Is this diploma being reordered due to a name change?* Yes No

*Please note, duplicate diplomas with new names can ONLY be ordered once a *Change of Name Request* has been submitted to our office. Contact diplomas@llu.edu for the *Change of Name Request* form.

What is your new/updated name? _____

REQUEST INFORMATION

Please indicate if you would like your duplicate diploma mailed or held for pick-up. Diplomas are sent certified mail via **restricted delivery** which requires your signature to receive.

Hold for pick-up Mail

Name: _____

Address: _____

_____ Quantity of duplicate diplomas requested. **The cost of each diploma is \$100.00.**

This fee is non-refundable and must be received before request is processed.

PAYMENT INFORMATION

We accept check or credit card (VISA, MasterCard or Discover) payment. Please make checks payable to Loma Linda University and mail to University Records, Loma Linda University, Loma Linda, CA, 92350.

VISA MasterCard Discover Cardholder Zip Code: _____

Card Number: _____ Exp. Date: _____

Please note the Office of University Records must obtain authorization from Student Finance and Loan Collections in order to release degree information.

Signature: _____ Date: _____

Hand signature required.

If you have any questions please email diplomas@llu.edu

Phone: (909) 558-4508 | Fax: (909) 558-0340