



IDAHO STATE UNIVERSITY Replacement Diploma Request

1. Please print, complete, and mail this *signed form with a check for the \$20.00 replacement diploma fee* to:

**Office of the Registrar
921 S. 8th Ave, Stop 8196
Pocatello, ID 83209-8196**

2. Use a separate request form for each diploma.
3. Please make checks payable to: **ISU** (*Registration & Records CANNOT accept credit cards*)

ISU ID Number: _____ DATE OF BIRTH: _____

FULL NAME ON ORIGINAL DIPLOMA: _____
(Please Print Clearly)

ANY PREVIOUS NAMES: _____
(Please Print Clearly)

DEGREE (e.g. BS, BA, PhD): _____ DATE DEGREE EARNED: _____

MAJOR (e.g. Biology, English, Engineering...): _____

CURRENT MAILING ADDRESS: _____

YOUR DAYTIME TELEPHONE NUMBER: (_____) _____ - _____

STUDENT SIGNATURE: _____ DATE: _____
(ALL REQUESTS MUST BEAR A HAND WRITTEN SIGNATURE OF THE STUDENT - DO NOT PRINT)

FOR MORE INFORMATION, PLEASE CALL 208-282-3672

OFFICE USE ONLY: TOTAL AMOUNT DUE: _____ PAID _____ INITIALS _____