



**Office of the Registrar**

**1100 Henderson Street, Box 7534, Henderson State University, Arkadelphia, Arkansas 71999-7534**

**Phone: 870-230-5135**

**Replacement Diploma Request Form**

Please complete and return this form to the Office of the Registrar, Womack 210, or by emailing the form to: [registrar@hsu.edu](mailto:registrar@hsu.edu). Note: If using SSN to verify identify we ask you **NOT** email the form, but rather send by postage mail or submit in person. There is a \$35.00 fee for each copy of a replacement diploma, which can be paid to the Business Office by calling 870-230-5110. Please note that replacement diplomas will contain the signature of the current President and Board Members.

**Name while attending HSU:** \_\_\_\_\_  
First Middle Last

**Name to appear on Diploma:** \_\_\_\_\_  
First Middle Last

*Note: If you are requesting a different name other than the one you attended under to appear on the diploma, Henderson reserves the right to require verification of name change.*

**HSU Student ID:** \_\_\_\_\_

**SSN (not required):** \_\_\_\_\_

*Note: If you decided to verify your identity using the SSN, we ask you NOT submit this form by email, but rather by postage mail or bring to the Registrar's Office in person.*

**Birthdate:** \_\_\_\_\_  
MM/DD/YYYY

**First Academic Term Attended at HSU (e.g., Fall 2014):** \_\_\_\_\_

**Last Academic Term Attended at HSU(e.g., Spring 2018):** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_  
Month/Year

**Address to Mail Replacement Diploma:** \_\_\_\_\_  
Street/Number State Country ZIP Code

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_