



UNIVERSITY OF
SOUTH DAKOTA

DIPLOMA RE-ORDER REQUEST FORM

The University of South Dakota □ Office of the Registrar □ Belbas Center Room 223
414 East Clark Street □ Vermillion, SD 57069-2390 □ Fax 605-677-6753*

*Faxed requests must include credit card information, below.

The fee of \$20.00 for the diploma re-order is due in advance, payable to USD.

Your name: _____
(Please print) Last First Middle Maiden

Your address: _____
Mailing Address/P.O. Box Number Apt. No. City ST Zip Code

ID or SSN Number: _____ Date of birth: _____ Phone #: () - _____.

NOTE: Your diploma request will not be processed without the following information.

Campus you attended: ____ Vermillion ____ Springfield

Degree(s) received _____

***** If there are any holds on your record, a diploma will not be issued until all holds are cleared. *****

SPECIFIC DIRECTIONS

Name exactly as you want it to appear on your diploma (If you have changed your name since receiving your degree, please see the name change policy below.)

Degree earned: _____ Date awarded _____

DIPLOMA MAILING INFORMATION (Note: Diplomas are mailed to the addresses exactly as requested. Please print name and address.)

ADDRESS 1:

Name _____

Address _____

SIGNATURE BLOCK (required):

Signature: _____ Date: _____

CREDIT CARD INFORMATION (if paying by credit card) (If paying by check, make the check payable to USD.)

Card Number: _____ MasterCard VISA Discover

Cardholder's name: _____ **Expiration date:** ____ / ____ Amount to be charged: \$ _____

Cardholder's address: _____

**NAME CHANGE POLICY:

If you want your name on your diploma to be different than the name under which you completed your degree, we will need a certified copy of the marriage license, court order or dissolution decree sent along with this form. The change of name form to accompany the certified copy of the name change document can be found at: <http://www.usd.edu/registrar/OnlineForms/NameChg.pdf>