



Office of the Registrar  
Medical School, room 1-212  
1501 Kings Hwy.  
Shreveport, LA 71103  
Office 318.675.5205  
Fax 318.675.4758  
[shvreg@lsuhsc.edu](mailto:shvreg@lsuhsc.edu)

### Replacement Diploma Request Form

Replacement diplomas are issued for a fee of \$25.00. Please include a check or money order made payable to LSUHSC - Shreveport. Complete the information below, have your signature certified by a Notary Public, and return this form to the following address. Telephone, fax, or email requests are not accepted.

Office of the Registrar  
LSUHSC – Shreveport  
1501 Kings Hwy.  
Shreveport, LA 71103

*For replacement diplomas, the original diploma must be returned with this form or you must attest to the loss of the original diploma below.*

\_\_\_ Original diploma is enclosed                      \_\_\_ Original diploma has been lost.

Please print your name clearly as you want it to appear on your diploma:

Name: \_\_\_\_\_  
                    First    Middle    Last

Former/Maiden Name(s): \_\_\_\_\_

*If you are requesting a diploma in a name other than the one originally issued, you must provide legal documentation of name change (e.g., certified copy of marriage certificate, divorce decree (court’s decree must include the restoration of the maiden name) or court order) and the return of the original diploma.*

Last 4 digits of SS#: \_\_\_\_\_    Date of birth: \_\_\_\_\_

Year of Graduate: \_\_\_\_\_                      \_\_\_ May    \_\_\_ August    \_\_\_ December (select one)

Contact phone number: \_\_\_\_\_                      Contact email: \_\_\_\_\_

Address to which the replacement diploma is to be mailed:

Name of resident: \_\_\_\_\_

\_\_\_\_\_  
Street/PO Box                      Apt #                      City                      State                      Zip

I hereby declare the above information is true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be completed by Notary Public:

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_ Commission expires on: \_\_\_\_\_