



Office of the Registrar
1501 Kings Hwy.
Shreveport, LA 71103
Office 318.675.5205
Fax 318.675.4758
registrar@lsuhs.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 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