



Washington State University

CERTIFICATE REPLACEMENT FORM

Undergraduate Degree Office

Complete this form and sign below. Please print clearly. Today's Date _____

Surname on certificate must agree with surname on transcript. Contact the Undergraduate Degree Office if your name does not match the name on your WSU transcript. This form is intended for the reissuing of original certificate; multiple diplomas and certificates are not available.

Name (First) _____ (Middle) _____ (Last) _____

WSU ID Number or Social Security Number (required if WSU ID # not known) _____ Birthdate (12/12/2012) _____

Certificate Title _____

Graduation Date (semester & year) _____ Honors _____

What happened to original **certificate**:
 Damaged Lost Destroyed Never Received
 Other, Please Explain: _____

Mail My **Certificate** To:

Street Address _____

City _____ State/Province _____ Zip Code _____

Country (if outside the U.S.) _____

Email _____ Phone Number _____

Student's signature _____ Date _____

Return this Form To:

Please return this form with a \$50.00 check or money order payable to WSU:

Office of the Registrar
P.O. Box 641035
Pullman, WA 99164-1035
509.335.9506

Damaged **certificates** that are returned with this form do not require the \$50.00 payment.

Certificates that are lost in the mail, please contact our office for further instructions.

For Office Use:

Form received _____ Payment Amount _____
Certificate verified by _____

Date printed and mailed _____ Receipt # _____

Posted to spreadsheet _____