

MAIL REQUEST TO: NORTHERN STATE UNIVERSITY Registrar's Office 1200 S Jay Street Aberdeen, SD 57401 OR FAX TO: (605) 626-2587

Student Information - Please Print							
Last Name	First Name	Middle Name	Ма	Maiden/Other Name(s)			
Street/PO Address		City	State	Zip Code			
Home Phone		Work Phone	Cell Phone				
Student ID or SSN	DOB	email address (if we nee	d to contact you, we will try email first)				
Diploma Information							
NSU, please also submit legal do Degree(s): Honors (if known):	ocumentation (i.e. marriago	er <u>current legal name</u> . If the name you w e license/certificate, divorce decree, cou 	rt order) to have your				
Send Diploma To:							
City, State, Zip:							
STUDENT SIGNATURE							
This request requires your sign	gnature. You must prin	t this form and sign it. You may ma	il or fax it to the add	dress above.			
Signature:							

Payment Information

Duplicate diplomas are \$10.00 each, sent by mail only. You may have a duplicate diploma faxed prior to mailing for an additional \$2.00 fee (\$12.00 total), but a faxed diploma will not be considered official. There is an additional \$10 fee if you would also like a diploma cover. Payment by cash, check or credit card must be included with this request. Please make checks payable to NSU. Your request will be returned to you if proper payment is not included.

* If using a credit card for payment, please provide the following information (this portion will be shredded once your card is processed):								
Check one:	_ MasterCard	VISA	Discover	American Express				
Card Number	-	-	Expir	ration Date	Security Code			
Card Holder Name	e/Address							

^{**} Please note: NSU cannot accept credit card information by email.