



**SONOMA STATE UNIVERSITY
DIPLOMA RE-ISSUE REQUEST**

Fee must accompany request before Diploma can be re-issued.
Please allow 7-10 weeks for re-issue.

Fee: \$10.00
Receipt # _____

Social Security Number: _____

Name: _____

Print your name as you wish it to appear on your diploma:

Address: _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ E-Mail _____

I am requesting that a diploma be reissued to me:

Signature Date

Date of original graduation (Month, Day and Year) _____

Type of Degree (Check One) BA BS BFA BM MA MS

Major: _____

Second Major (if applicable): _____

Concentration (if applicable) _____

**Return completed form and fee to:
Sonoma State University
Admissions & Records
1801 E. Cotati Ave., Salazar Hall
Rohnert Park, CA 94928**

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Ordered: _____

Date Mailed to Requestor: _____