REQUEST FOR A DUPLICA	TE DIPLOMA	FOR OFFI	FOR OFFICE USE ONLY:	
Please send this request to:		UID:		
REQUEST FOR A DUPLICA Please send this request to: Indiana University South Bend Office of the Registrar 1700 Mishawaka Avenue PO Box 7111				
1700 Mishawaka Avenue PO Box 7111 South Bend, IN 46634-7111		Reg:		
Phone: (574) 520-4451			i	
DEGREE DATA				
Print Degree Name (As it should appear on the Diplom	na)	Date of Bi	rth	
Print Name (As of last attendance at IU South Bend)	I	U ID# or Last Fc	our Digits of SS#	
Degree & School	Date Degree Gran	ted	Term	
Address:				
Street	City	State	Zip	
Cell Phone:	Email:			
Call when received/will pick up	Mail with next bulk mailing.			
Fees for duplicate diploma requests are non-refundable. Office to order a duplicate diploma. I understand the cha Indiana University South Bend immediately.				
Signature of Student	Date			

Please Note: Effective 4/29/16 IU Treasury policy states that credit/debit cards can no longer be accepted for payment.

Payment must be made via Check, Cashier's Check, or Money Order (Payable to Indiana University)