



LASALLE UNIVERSITY

OFFICE OF THE UNIVERSITY REGISTRAR

1900 West Olney Avenue - Box 818

Philadelphia, PA 19141

Diploma Replacement Form

Personal Information:

Name: _____ Maiden Name: _____

Student ID# or SS#: _____ Date of Birth: _____

E-mail Address: _____ Home Phone: _____

Graduation Information:

Graduation Date: _____ Degree Earned: _____

Signature: _____ Date: _____

**** Include a check for \$50.00 made payable to La Salle University when mailing your request.**

Name as it should appear on the diploma:

Please print the address where you would like to have your diploma(s) sent.

Notary signature/seal:

Your request cannot be honored unless this form is notarized

[Empty box for notary signature/seal]