



## Replacement Diploma Request

Duplicate diplomas are \$35.00 per copy and can be mailed. Requests are processed within 2-3 working days, and can take up to three months to receive.

1. Mail or fax this signed form (*MUST HAVE HAND WRITTEN SIGNATURE*) to:

**Office of the Registrar**  
**ATTN: Graduation Coordinator**  
**College of Southern Idaho**  
**PO Box 1238**  
**Twin Falls ID 83303-1238**  
**Fax to: (208)736-3014**

- 2. Use a separate request form for each diploma.
- 3. Payment must be received before request can be processed.
- 4. Please make checks payable to: CSI

**CSI ID Number:** \_\_\_\_\_ **OR SS NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**FULL NAME ON ORIGINAL DIPLOMA:** \_\_\_\_\_  
 (Please Print Clearly)

**ANY PREVIOUS NAMES:** \_\_\_\_\_  
 (Please Print Clearly)

**DEGREE (e.g. AA, AS, TC):** \_\_\_\_\_ **DATE DEGREE EARNED** \_\_\_\_\_

**MAJOR (e.g. Biology, English, Engineering...):** \_\_\_\_\_

**CURRENT MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**YOUR DAYTIME TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(ALL REQUESTS MUST BEAR THE HAND WRITTEN SIGNATURE OF THE STUDENT - DO NOT PRINT)*

**FOR MORE INFORMATION, PLEASE CALL 208-732-6230**

**OFFICE USE ONLY: TOTAL AMOUNT DUE:** \_\_\_\_\_ **PAID** \_\_\_\_\_ **INITIALS** \_\_\_\_\_  
 Code # is: J25