

Office of Records and Registration Miles Connor Administration Building, Room 138 2500 West North Ave., Baltimore, MD 21216 Phone (410) 951-3700 | Fax (410) 951-3701

Revised: May 2020

Diploma Replacement Request

*All requests will be mailed 6-8 weeks from the date of receipt by this office.

Instructions: Complete the form, include a cashiers check or money order and submit the form to the Office of Records and Registration or via USPS at the address above. Make fee payable to Coppin State University. Undergraduate Diploma - \$50 per diploma requested - #copies Graduate Diploma - \$50 per diploma requested - #copies ____ Doctorate Diploma - \$50 per diploma requested- #copies ALL DOUBLE MAJORS - \$50 per diploma - #copies ____ **Student Information**: Indicate name used at time of graduation. Please print legibly ID# OR SSN (last four): Name: Mailing Address: Phone: Email Address: Degree Information: If Double Major, check here. Please indicate 2nd Degree Earned. Degree Earned: Semester/Year Graduated: _____ 2nd Degree Earned: _____ Semester/Year Graduated: Student Signature: _____ Date: _____ Obligations to the university must be cleared before a diploma request is processed. Diploma fee(s) must be paid before processing. 1. Complete and sign a form for each diploma. The form must be completed in its entirety. 2. The form can be submitted in the following manner: mail, fax, or in-person. We do not accept e-mail request. All requests must be submitted to: Cashier/ Office of Student Accounts, CSU, 2500 W. North Ave., Baltimore, MD 21216. 3. Mailed requests must be accompanied by Check, Money Order, or Credit Card Information (See Credit Card Payment Box Below). (CASH will not be accepted via mail). 4. Faxed requests must be accompanied by Credit Card Information (See Credit Card Payment Box Below). Fax to: 410-951-3678. Office of Student Accounts. 5. In-person requests must be accompanied by cash, check, money order or credit card. 6. Requests for partial payments will not be honored. **Credit Card Payment** Exp Date_____ Payment Memo____ Credit Card # Amount

Processed by: _____