

Replacement/Duplicate Diploma Request

Please note: All signatures for university officials appearing on original diplomas from 1993 to present will be used on the replacement diplomas. Prior to 1993, signatures of such officials may not be available. In such cases, signatures of current officials will be used.

Name				Date
Last	First	Middle	Maiden	
Name as prin	ted on original dip	loma*		
	_	_		ne name on their official student record.
ID #:	Dat	e of Birth:		Date of Degree:
College:				
Degree:				
Major:	Concentration			
Address: Stre	eet Name:			
City:			State:	Zip Code:
Email:				

*This form and a check to Mississippi State University for the amount of \$50.00 should be sent to:

Mississippi State University Office of the Registrar Attn: Shiera Bilbo

P.O. Box 5268

Mississippi State, MS 39762.

Please allow a week for processing.

For questions, please call Shiera Bilbo, 662-325-4123 or email sbilbo@registrar.msstate.edu