

## DUPLICATE DIPLOMA ORDER FORM

ST. OLAF COLLEGE  
Registrar's Office

St. Olaf graduates may order duplicate copies of their diplomas for \$25.00 per copy (\$35.00 for diplomas delivered internationally). Duplicate diploma requests must be made by the student; no requests can or will be accepted from third parties. Duplicate copies can be ordered only after the original diploma has been awarded. Duplicate diplomas will show the words "Duplicate Diploma" on the bottom of the duplicate diploma with the date that it was issued.

Diplomas will not be printed without pre-payment. Checks or money orders should be made out to St. Olaf College; you can mail payment with this order form to Registrar's Office, St. Olaf College, 1520 St. Olaf Ave, Northfield, MN 55057.

Current first name \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Primary (cell) phone \_\_\_\_\_ Email \_\_\_\_\_

*Your name will appear as it was when the original diploma was issued unless you have provided documentation of a legal name change to the Registrar's office. For information, please call the Registrar's office at 507-786-3015 or email [registrar@stolaf.edu](mailto:registrar@stolaf.edu).*

***Enter name below as it appeared on your diploma when you were a student:***

First name \_\_\_\_\_ Middle \_\_\_\_\_

Last name \_\_\_\_\_ Student ID \_\_\_\_\_ or SSN XXX-XX-\_\_\_\_

Degree: ☐ B.A. (Bachelor of Arts) ☐ B.M. (Bachelor of Music) Graduation date: \_\_\_\_\_

### Diploma mailing address: (below)

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip code, Country \_\_\_\_\_

**By signing below, you, the student, are consenting to the release of your educational records.  
*In compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), duplicate diploma requests must be made by the student; no requests can or will be accepted from third parties.***

***Signature (required to release diploma):*** \_\_\_\_\_

Delivery method is by First Class USPS mail. There is no additional charge for this. If you would like a different delivery method, please call 507-786-3015 or email [registrar@stolaf.edu](mailto:registrar@stolaf.edu) to ask about charges.

#### Office Use

Check: \_\_\_\_\_

Money order: \_\_\_\_\_

Other: \_\_\_\_\_

Date processed: \_\_\_\_\_

Initials: \_\_\_\_\_