



DIPLOMA RE-ORDER FORM

Last Name (Name while at	First Name			MI/Maiden		
Last 4 of Social Security#	Date of Birth	Yr. Graduated	Major	 Degree		
Return Mailing Address		City		State	Zip	
()_						
Area Code Phone#						
Payments must b	Total	thern University payment is due NO PERSONAL CHEC	upon reque	Order or Cashier's (est.	Check only.	
***Fees:						
Ordering Cost - \$25.00	4= 0=					
Certified Mailing Cost - *Allow 3 to 5 business of the control of	-	ng				
Allow 5 to 5 business t	days for processing	SELECT OI	NE			
	Mail Diplo	ma (\$30.95)	Pic	k- Up Diploma (\$25.0	0)	
· · · · · · · · · · · · · · · · · · ·	party to pick-up	his/her diploma a ¡	photo and a le	loma. If the recipient tter of authorization f orty.	_	
Recipient's Signature			Date	Date		
Second Party Signature				Date	 vate	
Please mail y	our request(s) to	Southern Univers	ity P. O. Box 9	454 Baton Rouge LA	70813	
*******	******	*******	*******	*******	******	
		OFFICE USE	ONLY			
Date Received		Date Orde	 red	Date Mailed	/ Pick-Up	