Where life and learning meet.℠

Duplicate Diploma Request

Note: Do not use this form to request your original diploma.

Metropolitan State University
Graduation Office
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
E-mail: gateway@metrostate.edu
Phone: 651-793-1300

Who needs to use this form?

Any graduate of Metropolitan State University who wishes to request a duplicate diploma.

Important Notes

You must have already been granted a degree from Metropolitan State University before requesting a duplicate diploma.

How to Submit

Mail: Enclose completed form with payment *(check or money order ONLY made payable to Metropolitan State University)* and send to the address above.

In-Person: Bring completed form to the Gateway Student Services Center. They will direct you to make payment *(cash, credit card, check or money order)* to the Financial Management Office after verifying there are no holds on your record.

Contact Information

Name: _____
Last *First* *Middle* *Former Last Name(s)*

Social Security or Metropolitan State student ID number: _____ E-mail address: _____

Metropolitan State University uses social security numbers for student identification purposes. Providing this information is voluntary.

Address: _____
Street *City* *State* *Zip* *Country*

Phone (with area code): (H) _____-_____-_____ (W) _____-_____-_____ (C) _____-_____-_____

On the line below, print how you would like your name to appear on the diploma. Below the line are stylistic examples.

_____

Examples: Sam Smythe Samantha Smythe Samuel A. Smythe Samantha Ariel Smythe
Samantha Ariel Smythe-Johnson Samuel Aaron Smythe IV Samuel Aaron Smythe, Jr.

Diploma Destination

Select your destination preference and the number of copies:

☐ _____ Pick-up diploma(s) (You will be contacted by e-mail when ready)

☐ _____ Send diploma(s) to the **address listed above**

☐ _____ Send diploma(s) directly to **a third party listed below**--specify the department if needed

Third Party

Name / Organization / Department: _____

Address: _____
Street *City* *State* *Zip* *Country*

Number of copies to send here: _____

Service & Payment

	Type	Cost (per copy)	Timeframe for delivery:
☐	Regular	$20	Mailed within **3-5 business days** via regular business mail
☐	Rush	$20 plus $5 rush fee	Requests received by noon will be ready after **24 hours**; the maximum fee for rush service is $5 regardless of the number of diplomas requested. **MAY NOT BE POSSIBLE IF YOUR GRADUATION DATE WAS OVER 10 YEARS AGO**
☐	Express mail delivery	$20 plus $15 overnight	Delivered within **1-2 business days**; the cost is $15 PER address requested

Signature: _____ Date: ____ / ____ / _____
MM *DD* *YYYY*

Office Use Only

GATEWAY: ☐ Verified no financial holds _____ (Initial) Date: ____ / ____ / _____

FINANCIAL MANAGEMENT: $ _____ (Amount Paid) _____ (Initial) Date: ____ / ____ / _____

GRADUATION OFFICE: _____ (Initial) Date sent: ____ / ____ / _____