



Office of the Registrar Duplicate Diploma Request Form

- Diplomas may be released upon written request of the graduate only
- A fee of **\$35.00** will be charged per duplicate diploma
- Processing time is 3-5 business weeks
- Please email all duplicate diploma requests to graduation@post.edu

Student Enrollment Information

Full Name (while in attendance): _____ Date of Birth (mm/dd/yyyy): ____/____/____
Student ID: _____ Last Date of Attendance: _____

Your Current Contact Information

Street Address 1: _____
Street Address 2: _____
City: _____ State: _____ ZIP Code: _____
Phone #: _____ Email Address: _____

Degree Information

- Certificate Associate of Arts Associate of Science Bachelor of Arts Bachelor of Science
 Master of Science Master of Business Administration Master of Education
 Master of Public Administration

Major at the time of graduation: _____

Please clearly print your name as it will appear on your Diploma:

Note: If your name has changed since you last attended Post University, you must also submit a Name Change Request form with the appropriate documentation. Otherwise your name will be printed with the information on record at University. The Name Change Request form can be downloaded here: [Change of Personal Information](#)

Delivery method

- U.S. Mail Pick-up Digital/Email (will be sent to the above email address provided)
- If choose to pick up your diploma, positive ID must be presented at the time of pickup. When your diploma is ready for pick up, you will be contacted at the phone # and/or email address provided above.
 - Students who wish to have their diploma sent to a different address from the one given in the Contact Information of this form should complete the mailing address area below.

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Credit Card Information

Name as it appears on the credit card: _____

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Student Signature: _____

Office Use Only: Date Received: _____ Date Processed: _____ Associate Signature: _____