

**REPLACEMENT DIPLOMAS ARE NOT ISSUED UNLESS ALL
OBLIGATIONS TO THE UNIVERSITY ARE CLEARED**



**ANGELO STATE UNIVERSITY
REPLACEMENT DIPLOMA REQUEST
OFFICE OF THE REGISTRAR**

PHONE # (325) 942-2043 FAX # (325) 942-2553
ASU STATION #10898
SAN ANGELO, TX 76909-0898

COMPLETION BY STUDENT

Name _____
(Last) (First) (M)

"I hereby give my consent to release my replacement diploma to the party indicated on this form."

Student's Soc. Sec. XXX - XX - _____

OR

Third Party Identification Required

Campus ID# _____

Name Last Enrolled Under _____

IF DIPLOMA IS TO BE MAILED:

Date of Birth _____

Address to be mailed to: _____

Current Phone # () _____

Do not mail - will pick up

Month and Year of Graduation (approximate if not sure) _____

Student Signature _____

Date of Request _____

OFFICE USE ONLY

Date Mailed or Picked Up _____

Clerk _____

Instructions:

Please fill out form appropriately
Please write legibly (PRINTING IS PREFERABLE)

Please submit your request:

By Mail:

Office of the Registrar
ASU Station #10898
San Angelo, TX 76909-0898

By Fax:

Attn: Office of the Registrar
(325) 942-2553

You can also bring the completed form to the Office of the Registrar located in the Hardeman Building, room 101, located at 2625 W. Avenue N in San Angelo.