



Texas Health and Science University

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www.thsu.edu

DUPLICATE DIPLOMA REQUEST

Name: _____ Date of Last Attendance: _____

Email: _____ Phone Number: _____

I, _____, am requesting that my THSU Duplicate Diploma.

Reason for request Duplicate Diploma: _____

Diploma level (select one/ones that apply):

☐

Bachelor

☐

Masters

☐

Doctorate

I, _____, authorize the release of my diploma/diplomas to by:

☐

Self-pick

☐

by Mail

☐

Authorize third Party to pick-up.

Address: _____

Name of Third Party: _____

ID Type: _____

ID: _____

Student signature required.

Date

COSTS: Duplicate diploma \$25.00 each

☐

Check (Amount Enclosed \$ _____)

☐

Other Payment Option (THSU will contact)

Submit your request to registrar@thsu.edu.

The registrar will contact you if your request is approved or with any further questions. Please submit your payment after confirmation.

Your duplicate Diploma Request may take up to **THREE MONTHS** to be able sent to you.

For Administrative Use

Total Amount Enclosed: _____ Received by: _____ Date: _____

Registrar Approval: _____ Date: _____

Diploma Sent by: _____ Date: _____