

Request for Diploma

Mail Form/Payment to: University of Saint Francis Attn: Registrar Office 2701 Spring Street Fort Wayne, IN 46808

Email questions to: registrar@sf.edu

Please complete this form to receive a copy of your diploma. I understand that there is a \$35 processing fee.

	Request Date:	My USF ID:	Last 4-digits of SSN:		
	Student Name: _	(As you wish it to appear on your diplor	Places Print Checks		
		(As you wish it to appear on your diptor	na. Please Print Clearly)		
	Email Address:		Phone#:		
	Mailing Address:				
	Degree (i.e.: Asso	ciate):	_		
Major (i.e.: Nursing):					
	I completed my degree on (i.e.: Spring, 2023):				
Amount Due Upon Request: \$35 Method of Payment: Cash Check Money Order					
Delivery Method I will pick up from the Registrar					
	Please se	nd via US Mail to above address:			
		ng to the Family Educational Rights and Privacy and ne of the following conditions has been met:	Act, educational records may only be released to parents	S,	
1.	. Through the written consent of the student. Students must file a completed "Authorization for Release of Information" form at the Registrar Office.				
2.					
3.	By submission of	evidence that the parents declared the student a	as a dependent on their most recent federal income tax f	orm.	
Stu	ıdent Signature:				