



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@tu.edu • website: <http://tu.edu>

This request form may be submitted either in person or by mail to the Office of the Registrar. Your request should be accompanied by a check or money order in the amount of \$30.00 (per diploma copy) payable to Touro University California.

Your new diploma will be issued in the format currently used and will bear the signatures of the current institution officers.

ALUMNUS INFORMATION

Name while attending TUC _____

Student ID# or Last 4 digits of SSN _____

Phone Number _____ Email Address _____

DIPLOMA INFORMATION

NAME AS IT SHOULD APPEAR ON THE DIPLOMA:

_____ FIRST _____ MIDDLE _____ LAST

Please print your name EXACTLY as you want it to appear on your diploma. This must conform to the official name as it appeared in your student record. For diplomas requested due to a new legal name, you must submit a Name Change Request form and all required supporting documents along with this request.

DIPLOMA(S) TO BE REPLACED:

- | | | | | |
|------------------------------|------------------------------------|---------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> DO | <input type="checkbox"/> MSMHS-COM | <input type="checkbox"/> PharmD | <input type="checkbox"/> MSMHS-COP | <input type="checkbox"/> MSPAS |
| <input type="checkbox"/> MPH | <input type="checkbox"/> MAEd/MEd | <input type="checkbox"/> MSN | <input type="checkbox"/> DNP | |

DATE DEGREE CONFERRED: _____

REASON FOR REPLACEMENT:

- My previous diploma was damaged. I have attached or enclosed my previous diploma.
- My previous diploma was lost or destroyed.
- I need an additional diploma.
- I have legally changed my name. I have attached or enclosed my previous diploma and a Name Change Request form along with the supporting documents.

MAILING ADDRESS FOR DIPLOMA:

Recipient's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that the above information is true. I understand that Touro University California reserves the right to institute any appropriate legal or other proceedings for misrepresentation of the information stated above or in the case of fraud.

Signature _____ **Date** _____

For Office Use Only:

Date Received: _____ Processed By: _____ Date Ordered: _____