

**Diploma Copy Request**  
**Official & Unofficial Copies of Diploma**

NOTE: To request a Duplicate/Replacement Diploma please visit our Registrar's Office Forms Page.  
 Questions regarding data collected may be directed to the Registrar. (HB 1922)

Student ID OR Social Security Number	Date of Birth	<b>Program</b> <input type="checkbox"/> Texas College of Osteopathic Medicine <input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Public Health <input type="checkbox"/> School of Health Professions (PA, DPT, & MSLS) <input type="checkbox"/> System College of Pharmacy	
Last Name	First Name		Middle Name
E-mail	Daytime Telephone Number		
Other Names Used While Enrolled at HSC			Graduating Year

**I would like to request:**

**Official Diploma Copy**

*Copy of diploma printed on plain white 8.5 x 11 paper.  
 Official copies include seal, certification, and registrar's signature  
 and are only available via mail or pick up in person.*

**Official Diploma Copy**

Number of copies: \_\_\_\_\_

**Unofficial Diploma Copy**

*Copy of diploma printed on plain white 8.5 X 11 paper or in PDF  
 format. Unofficial copies do not include seal, certification, and  
 registrar's signature and can be emailed as a PDF or faxed.*

**Unofficial Diploma Copy**

Number of copies: \_\_\_\_\_

**Delivery Method:**

I would like to pick up my documents **in person.**  
*(Please bring a photo ID to the front desk of Student  
 and Academic Affairs for document pick up.)*

Fax to:  
 Attn: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Mail to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email to: \_\_\_\_\_  
 \_\_\_\_\_

**I certify that I am the person whose name appears on the name line of this form,  
 and do hereby authorize release of my academic records via the method listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please allow 3 - 5 business days for request completion.***

**For Office Use Only**

Date Request Completed \_\_\_\_\_