

OFFICE OF RECORDS AND REGISTRATION  
720 4th AVENUE SOUTH, AS 118  
ST. CLOUD, MINNESOTA 56301-4498  
PHONE: (320)308-2111  
[registrar@stcloudstate.edu](mailto:registrar@stcloudstate.edu)

## REQUEST FOR DUPLICATE CERTIFICATE

SCSU Student ID or SSN: \_\_\_\_\_

Date: \_\_\_\_\_  
Month Day Year

Name (print) \_\_\_\_\_  
First Middle Last Former (if applicable)

**Please print.** Your legal or preferred name will be printed on your certificate as it appears on your academic record. If we do not have your legal or preferred name change on file and you would like that name indicated on your diploma, please refer to the appropriate form at <http://www.stcloudstate.edu/srfs/forms.aspx> and scroll to Student Academic Records and Data Privacy. Submit all documents together.

Certificate Earned (please check one)

Undergraduate Certificate: \_\_\_\_\_  
(Name of Certificate Awarded)

Graduate Certificate: \_\_\_\_\_  
(Name of Certificate Awarded)

**PICK UP**

Mail certificate to: Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact Phone and/or Email \_\_\_\_\_

**\$10.00 per certificate** – Cash or check accepted. Make check payable to St. Cloud State University.  
**For In-Person Service, payments (cash, check or credit card) are directed to Business Services, AS123**

By checking this box, you consent to use electronic signatures rather than paper documents.

Signature of Student \_\_\_\_\_

Allow approximately three weeks for receipt of certificate.