



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

Office of Student Services  
3601 4th Street, MS 8310  
Lubbock, TX 79430

DIPLOMA REORDER FORM

There are three conditions which must be met before a replacement diploma can be ordered:

1. The graduate must return the old diploma, if possible.
2. Although the original date of graduation will be shown, the graduate must agree to accept the current diploma format concerning facsimile signatures; i.e., president, dean, etc.
3. The graduate must pay the appropriate diploma replacement fee of \$35.00. Make check or money order payable to TTUHSC.

Please print or type:

SEND DIPLOMA TO: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name as it should appear on diploma \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Degree Earned \_\_\_\_\_

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*COMPLETE THIS STATEMENT ONLY IF ORIGINAL DIPLOMA IS LOST OR DESTROYED*  
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Before me, the undersigned authority, a Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_ personally appeared \_\_\_\_\_, known to me and who after being duly sworn deposes and say that the original diploma awarded by Texas Tech University Health Sciences Center for the degree \_\_\_\_\_ in the School of \_\_\_\_\_ dated \_\_\_\_\_ has been lost or destroyed under the following conditions: \_\_\_\_\_ on or about (Mo., day, year) \_\_\_\_\_ and further states that the existence or whereabouts of the original diploma is not known to the above person.

Signed: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_ County of \_\_\_\_\_ My commission expires: \_\_\_\_\_