



**XAVIER UNIVERSITY OF LOUISIANA
OFFICE OF THE REGISTRAR**

1 Drexel Drive • Box 96
New Orleans, Louisiana 70125-1098
(504) 520-6790 • Fax: (504) 520-7922

REQUEST FOR DUPLICATE/REPLACEMENT DIPLOMA

NAME _____
(NAME AT THE TIME OF GRADUATION)

ID /SSN NUMBER _____

DEGREE _____

MAJOR _____

YEAR GRADUATED _____

SIGNATURE _____

MAILING ADDRESS FOR DIPLOMA

Address Line 1: _____

Address Line 2: _____

City/State /Zip: _____

CONTACT INFORMATION

PHONE: _____

EMAIL: _____

- There is a \$25.00 fee for a duplicate/replacement diploma. Please include a check or money order with this form and mail to Xavier University Office of the Registrar, 1 Drexel Drive, New Orleans, LA, 70125
- The diploma will include the most recent administrative signatures. (Xavier President, Dean, etc.) These signatures may be different from your original diploma but, is still deemed as OFFICIAL.
- All request must be written legibly and require a signature
- If you are requesting a diploma for more than one program, you must complete a separate form.