



# Diploma Replacement Request

(Diplomas cannot be reproduced prior to 1996)

**Submit with \$10.00 fee to**

Lake Superior College  
Records Department  
2101 Trinity Road  
Duluth, MN 55811  
Fax: 218-733-5945

DATE \_\_\_\_\_ STUDENT ID \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FORMER NAME(S) WHILE ATTENDING SCHOOL: \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_ MAJOR \_\_\_\_\_

AWARD TYPE:    \_\_\_ Associate in Arts       \_\_\_ Associate in Fine Arts  
                  \_\_\_ Associate in Science   \_\_\_ Associate in Applied Science  
                  \_\_\_ Diploma                \_\_\_ Certificate

ADDRESS TO SEND DIPLOMA:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

Additional Information:

**Student Signature (required)** \_\_\_\_\_

Questions? Contact Records Department 218-733-7601 or [registrar@lsc.edu](mailto:registrar@lsc.edu)

<b>For Office Use Only</b>	
Payment received by _____	Date _____
Diploma sent by _____	Date _____