



Diploma Replacement Request

(for students who graduated since 2011-diplomas cannot be reproduced prior to 2011)

Submit with \$10.00 fee to

Student Payment Office
Lake Superior College
2101 Trinity Road
Duluth, MN 55811

DATE _____ STUDENT ID _____

FIRST NAME _____ LAST NAME _____

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:

For Office Use Only

Payment received by _____ Date _____

Diploma sent by _____ Date _____