



Application for Duplicate Diploma

School of Dentistry

Office of Admissions,
Registrar and Student Affairs

Mail code: SD
611 S.W. Campus Drive
Portland, Oregon 97239-3097
tel 503 494-5274
fax 503 494-6244
www.ohsu.edu/sod

Print your name as you wish it to appear on the diploma (it must match school records):

Social Security Number: _____

Degree Earned: _____

List the date you received the degree: _____

1. Sign your legal name below.
2. Return this application with a check for \$25.00 (made out to the OHSU School of Dentistry) and return the original diploma. **In the event your diploma is missing, it will be necessary for you to forward a notarized statement as to why you cannot return the original diploma issued to you.**
3. Your duplicate diploma will be mailed to the address below.

Address: _____

Phone Number: _____

Signature: _____

This diploma will be issued in the institution's current diploma style and content (including name). The word "duplicate" will appear near the bottom.

We ask your forbearance in following the procedures outlined above, as these safeguards are necessary to protect our graduates from unauthorized individuals who might attempt to attain diplomas by fraudulent means. These measures are for your protection. Processing time may take up to 4 weeks.