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## DUPLICATE DIPLOMA REQUEST FORM

**Current Name:** \_\_\_\_\_ **Chapman ID or SSN:** \_\_\_\_\_

**Name to be printed on diploma:** \_\_\_\_\_

*\*If name is different than the name under which you attended, you must provide official documentation of a name change (i.e. copy of marriage certificate or form of government ID reflecting legal name change).*

**Degree Awarded:** \_\_\_\_\_ **Date Degree Awarded:** \_\_\_\_\_  
*Month/Day/Year*

**Honor Earned:**      Summa Cum Laude    Magna Cum Laude    Cum Laude

### Diploma Mailing Address:

Name	Phone Number	Email Address
Street Address	Apartment Number	
City	State	Zip Code

**Please enclose a check for \$50 payable to Chapman University and mail with completed form to:**  
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For credit card transactions, contact the Cashier’s Office at 714-997-6616 to pay over the phone.  
Please provide the receipt number for verification of payment: \_\_\_\_\_

### Please Carefully Read the Following:

***\*\*I am requesting a duplicate copy of my diploma from Chapman University School of Law. By signing below, I hereby represent that I will only use this diploma for my personal use. I further warrant that I will not transfer, assign or otherwise give this diploma to any other person nor will not permit its display in a location other than my home or professional office.\*\****

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please allow up to 4 weeks for delivery. Additional fees may apply for expedited orders.  
All diplomas are printed on 11x14 paper and contain the signatures of the current administration.