

The University of South Dakota Office of the Registrar Belbas Center Room 223 414 East Clark Street Vermillion, SD 57069-2390 Fax 605-677-6753*

*Faxed requests must include credit card information, below.

Your name:(Please pi	int) Last	First	Middle	Maiden	
Your address:	Address/P.O. Box Number	Apt. No.	City	ST	Zip Code
ID or SSN Number: _		Date of birth:	Pho	one #: <u>(</u>)	<u>-</u> .
Campus you attended:		_ Springfield			_
Name exactly as you want it to appear on your diploma (If you have changed your name since receiving your degree, please see the name change policy below.) Degree earned: Date awarded					
ADDRESS 1: NameAddress					
Signature:			Dat	e:	
	(if paying by credit care	d) (If paying by check, make	the check payable to U	JSD.)	
Card Number:			MasterCard	VISA	Discover
Cardholder's name:			/	Amount to be cha	rged: \$
Cardholder's address: _					· · · · · · · · · · · · · · · · · · ·

If you want your name on your diploma to be different than the name under which you completed your degree, we will need a certified copy of the marriage license, court order or dissolution decree sent along with this form. The change of name form to accompany the certified copy of the name change document can be found at: http://www.usd.edu/registrar/OnlineForms/NameChg.pdf