

**WAYNE STATE UNIVERSITY LAW SCHOOL
DUPLICATE/REPLACEMENT
DIPLOMA REQUEST FORM**

PRINT NAME: _____ STUDENT ID OR SSN #: _____

DEGREE RECEIVED: ___ JURIS DOCTOR (J.D.)
 ___ MASTER OF LAWS (L.L.M.)

DATE OF GRADUATION: _____

NAME: _____

PLEASE **PRINT** NAME EXACTLY AS IT SHOULD APPEAR ON YOUR DIPLOMA

TYPE OF DIPLOMA REQUESTED: LARGE (14X17) _____ SMALL (8X10) _____

Please submit \$40.00 fee along with this form. The Fee is payable by check, money order to WAYNE STATE UNIVERSITY. We do not accept cash or charge. Please remember that it is your responsibility to contact the Law School Records and Registration Office if there is any change in the information on this form.

PLEASE RETURN THIS FORM TO: **WSU LAW SCHOOL
RECORDS AND REGISTRATION
471 WEST PALMER, ROOM 1223
DETROIT, MI 48202**

SIGNATURE: _____ DATE: _____

DIPLOMA MAILING ADDRESS:

PHONE NUMBER

EMAIL ADDRESS