



PACIFIC SCHOOL OF RELIGION

1798 SCENIC AVENUE
BERKELEY, CA 94709-9989
TEL: 800/999-0528 OR 510/849-8252
FAX: (510)845-8948 ATTN: REGISTRAR
ALSO AVAILABLE ONLINE WWW.PSR.EDU

PSR Diploma Replacement Request

To request a diploma replacement from PSR, you must do so in writing. Submit this form with a payment of \$15.00 per copy (if requesting a duplicate replacement diploma) as check, cash, or credit card to:

Pacific School of Religion, attn: Registrar
1798 Scenic Avenue
Berkeley, CA 94709
OR fax to 510/845-8948 attn: Registrar
OR email the completed form to registrar@psr.edu.

Please note that it takes approximately 4-6 weeks working days from the date the request is received to process transcript requests. All diplomas are sent via USPS certified mail unless otherwise noted.

Rush diplomas are not available. If you are in urgent need of verification of your degree, please request a letter from the registrar verifying your degree instead. A verification letter can be faxed or e-mailed same day and does not have a fee. If you wish for a letter of verification to be sent overnight via USPS, UPS, or FedEx, you will need to pay an extra fee.

Date: _____

I, (name): _____, residing at:

(street address, with PSR box # if applicable)

(city/state/zip)

am requesting _____ copies of my PSR diploma to be sent to the address/es listed on the back.

- The last 4 digits of my Social Security number are: _____
- My date of birth is: _____
- The name I used while I was at PSR is: _____
- I would like the name on the diploma to appear exactly as: (print clearly)

- If this diploma name is different from the name I used while I was at PSR, I have also enclosed a copy of the official documentation of my name change (i.e., marriage certificate, name change certificate, etc.)

I am requesting that my diploma for the following certificate and/or degree(s):

1. _____(certificate/degree) _____(semester/year awarded)
2. _____ (certificate/degree) _____(semester/year awarded).

Please check ONE of the two choices below:

- My signature below verifies that my diploma has been damaged or there is an error on my diploma, and I am returning the damaged/incorrect diploma with this request. No payment is enclosed.
- My signature below verifies that I have either lost my diploma or cannot access my original diploma and would like a duplicate replacement.

Please:

- find my payment of \$_____ (cash/check) enclosed OR
- Charge my:
 - VISA _____ / Mastercard _____
 - Number: _____
 - Expiration date _____/_____
 - Billing address zip code _____.

The date on which I would like my diploma to reach its destination/s is _____, but I also understand that regardless of my preferred arrival date, this request will take up to 4-6 weeks to process. I have reported this information to the best of my knowledge, and I understand that any incomplete information, information inconsistent with PSR records, or blocks on my account can result in a delay or failure to process this request. If any problems arise, you may contact me at the following

Phone: _____ E-mail address: _____

Signature: _____

Send diploma/s to the following address: *(Please list any additional addresses .Holding your diploma at the Registrar's Office for pick-up is discouraged, but if you strongly prefer that option, please indicate that below along with a preferred pick-up date. Be prepared to show your driver's license or some form of picture ID when picking up your diploma.)*

Name: _____

Address: _____

City/State/Zip: _____

Country: _____