



REQUEST FOR
CERTIFIED COPY OF DIPLOMA

Personal Information:

Last: _____ Middle: _____ First: _____

Previous/Maiden: _____

Date of birth: _____ Last 4 of SSN or
Creighton NetID: _____

Contact Information:

Phone: _____ Email address: _____

Diploma Request Details:

Degree received: _____ Degree date (mm/yyyy): _____

Please note that Creighton University only has copies of BSN, MSN, Professional and Doctoral degrees on file.

Mail or Email diploma to:

Recipient's Name _____

Organization Name _____

Address _____

City/State/Zip _____

Special instructions: _____

Signature: _____ Date: _____

**Office of the Registrar
Creighton University
Brandeis Hall #202
2500 California Plaza – Omaha, NE 68178**

Questions may be directed to the office at 402-280-2702 or registrar@creighton.edu