PLEASE PRINT LEGIBLY

^šµ vš E u Wz (Required) š }( ]ŒšZWz (Required)

Duplicate/Replacement Diploma Request

hE& /WE· (Required for Parchment)

u]oW z (Required) D}]o WZ}v · (for Parchment order n šPa šous) z•zzzz

The State University System of Florida operated a system of records prior to January 1, 1975, pursuant to regula š]ons of the Florida Board of Regents that required the use of Social Security numbers. Therefore e con š]nue to require the disclosure of Social Security numbers by applicants and students under the Federal Privacy Act of 1974. This informa š]on was and currently is received from you for the purpose of [illegible] student records including registra š]on, Þnancial aid, and academic records and of veriÞca š]on of your iden š]ty in connec š]on with the provision of university services.

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