Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112
(504) 568-4829 phone
(504) 568-5545 fax
registrar@lsuhsc.edu

Affidavit of Lost or Missing Diploma

I, _____, affirm that I was awarded the _____ degree by the LSU Health Sciences Center – New Orleans. Under penalty of perjury, I hereby attest that my original diploma has been lost, destroyed, or is otherwise no longer in my possession.

I certify that I have made a reasonable search for the original diploma and have been unable to locate it.

I further acknowledge that if the original diploma is later found, it must be surrendered to the institution as it will no longer be a valid credential.

Signature of Student_____ Date _____

Student ID Number (if known):_____ Email:_____

Notary Acknowledgment

State of _____ Parish/County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this affidavit, and acknowledged that they executed the same for the purposes stated herein.

Notary Public Signature: _____

Printed Name: _____

Notary ID/Bar Number: _____

My Commission Expires: _____

(Notary Seal)