

Barcode label
Office use only

REPLACEMENT DIPLOMA FORM

RECEIVED



SID label
Office use only

P _____

Office use only

Please provide your full name that is currently on record with the Office of the Registrar OR the last name officially on file when you graduated. Students may change their name by completing a UA Change Form (available online at www.uaf.edu/reg under Student Forms) and providing required official documents. Former or current UA employees must contact Human Resources for name changes. Please submit completed form to the Office of the Registrar.

Previous Names Used:

CONTACT INFORMATION

First	Middle	Last or family name (please give your full legal name)			UA Student ID
Current mailing address			City	State	Zip/postal code
Date of birth		Phone (include area code)		E-mail	
Billing address (if different from mailing)					

NAME

PLEASE PRINT YOUR NAME EXACTLY AS IT WOULD APPEAR ON THE DIPLOMA.

Name on Diploma

DEGREE INFORMATION

DEGREE INFORMATION

1. Degree or Certificate Earned: _____ (Indicate if CERT, AA, AS, AAS, BA, BBA, BS, MA, MBA, MS, PHD, etc.)	Major: _____
Award Date: _____	
2. Degree or Certificate Earned: _____ (Indicate if CERT, AA, AS, AAS, BA, BBA, BS, MA, MBA, MS, PHD, etc.)	Major: _____
Award Date: _____	

COST AND PAYMENT

ORDER INFORMATION		PAYMENT INFORMATION	
Quantity	Cost per duplicate diploma \$25.00 each	Total	To pay by Visa or Mastercard, please call our office.
	x \$25.00		Check: _____ Amount: _____
Received by: (Office staff, please initial here)			
Notes: (office use only)			

Signature (required)

Date