

Replacement Diploma Order Form

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

I request _____ replacement diploma(s).
insert number

*Name to be printed on diploma(s) - use upper and lower case (Please Print Clearly):

* Degree(s): _____ * Date Awarded: _____

Student ID # (if known): _____ * Date of Birth: _____

*Mailing Address: _____

Cost: \$15.00 for each replacement diploma. Additional \$10.00 if being sent to an address outside United States.

check enclosed bill my credit card Visa MasterCard Discover:

Card Number: _____ Expiration date: _____

I understand the replacement diploma will not be an exact replica of my original one. I agree to accept the current diploma style and signatures for my replacement diploma.

Signature Date

NOTE: In compliance with contractual procedures, the University orders diplomas three times per year - after the fall semester in January, after the spring semester in June, and after the summer session in September. Allow several weeks for printing and delivery.

Return this form to:

ATTN: Diploma Replacement
Office of the Registrar
University of Central Arkansas
McCastlain Hall, Room 112
Conway, Arkansas 72035-0001

For office use only: Request Received: _____

Ordered: _____ Received: _____

Mailed: _____

Other: _____
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