

Please complete, sign, and return this form along with a payment of \$10.00 for each replacement diploma to:

Office of the Registrar
University of West Florida
11000 University Parkway
Pensacola, FL 32514

PLEASE NOTE:

1. There is a \$10.00 fee per replacement diploma.
The payment must be received prior to processing a request.
Payment may be included with this form, or processed directly with the Cashier's Office and the receipt attached to this form.
2. If you need to request notarization of your diploma, please include an additional \$1.00 with your order.
3. Confirm that you do not have any financial obligations to the University, which will prevent the processing of your replacement diploma (holds through the Cashier's Office or the Financial Aid Office).
4. Replacement diplomas are mailed within 7-14 business days after receipt of the completed request and payment.

PLEASE CAREFULLY PRINT YOUR RESPONSES BELOW:

UWF ID Number: _____ Date of Graduation: (*semester & year*) _____

Contact Email: _____

TYPE OR PRINT YOUR NAME **EXACTLY** AS IT IS TO APPEAR ON THE DIPLOMA, CLEARLY INDICATING SPACING, CAPITALIZATION OR SPECIAL CHARACTERS

Name on Your Diploma: _____
First, Middle, Last or Maiden Name (Suffix: Jr, Sr, II, IV, etc...)

Degree Received: _____ Associate of Arts _____ Bachelor's _____ Master's _____ Specialist _____ Doctoral

Major/Specialization: _____

DIPLOMA MAILING ADDRESS: Do Not Leave Blank, This is Where Your Diploma Will Be Mailed To

Street/Box No. _____

City State Zip Country (if other than U.S.A.)

Contact Email: _____

Telephone Number: () _____

Required Signature:

Student:

Date:

REGISTRAR OFFICE USE ONLY

Fee Received: _____ Degree Honors: _____ Holds: _____ Mailed (Date/Initials): _____