$10.00 FEE REQUIRED **$10.00 FEE REQUIRED**

University of West Florida **Office of the Registrar -- (850) 474-2245**

REQUEST FOR REPLACEMENT DIPLOMA

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 32514-5750

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 mailed directly to the Cashier's Office.
2. 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).
3. Replacement diplomas should be mailed approximately two weeks after receipt of the request and payment.

PLEASE CAREFULLY PRINT YOUR RESPONSES:

Date of Graduation (semester and year):_____

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

Major/Specialization:_____

Student Identification Number:_____

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

FIRST:	
MIDDLE:	
MAIDEN: (OPTIONAL)	
LAST:	
SUFFIX: (OPTIONAL)	(JR., SR., II, IV, etc.)

DIPLOMA MAILING ADDRESS - DO NOT LEAVE BLANK - THE DIPLOMA WILL BE MAILED TO THIS ADDRESS.

Street/Box No._____

_____

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

Telephone Number (including area code):

(Home)_____

(Work)_____

E-mail address:

_____

Student Signature _____ **Date**_____

FOR OFFICE USE ONLY:

_____ **FEE RECEIVED**

_____ **HONORS**

_____ **HOLDS**

MAILED (DATE/INITIALS): _____

REV. 0609