



UNIVERSITY OF WASHINGTON  
**DIPLOMA CERTIFICATION REQUEST FORM**  
 GRADUATION AND ACADEMIC RECORDS OFFICE

Complete this form and sign below. Please print clearly.

Student Name (First) _____ (Middle) _____ (Last) _____ (Jr., etc.) _____			
Student Number	Social Security Number (optional — used to verify the correct record)	If attended UW prior to 1983 Birthdate (Mo., Dy., Yr.)	
Graduation Date	Degree Earned	Honors	College (Arts & Sciences, Engineering, etc.)
<input type="checkbox"/> I have attached a copy, fax, or scan of my diploma for certification.		<input type="checkbox"/> I am requesting a replacement copy of my diploma be ordered and certified, and have included a completed DIPLOMA REPLACEMENT FORM.	

**MAIL MY CERTIFIED DIPLOMA COPY TO:**

Name (if different than above)			
Street			
City	State	Zip	
Country (not required if mailed inside U.S.)			

Special Instructions:

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Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to: **University of Washington, Graduation & Academic Records**  
**Box 355850**  
**Seattle, WA 98195-5850**  
**diploma@uw.edu**  
**Phone: 206.543.1803/Fax: 206.221.4423**

**FOR OFFICE USE ONLY**

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: