



Complete this form and sign below. Please print clearly.

**A copy, fax, or scan of your diploma must be including with this form for certification.**

Student Name (First)		(Middle)	(Last)	(Jr., etc.)
Student Number	Other Name(s) you attended under, if different from Diploma		If attended UW prior to 1983 Birthdate (Mo., Dy., Yr.)	
Graduation Date	Degree Earned	Honors		College (Arts & Sciences, Engineering, etc.)

**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:

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

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

Please return this form to: **University of Washington Office of the University Registrar**  
**Attn: Diploma Certification**  
**Box 355850**  
**Seattle, WA 98195-5850**  
**diploma@uw.edu**  
**Fax: 206.221.4423**

**FOR OFFICE USE ONLY**

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