



UNIVERSITY OF WASHINGTON
DIPLOMA REPLACEMENT FORM
 GRADUATION AND ACADEMIC RECORDS OFFICE

Complete this form and sign below. Please print clearly.

Legal name of student (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.)			
Name as you wish it to appear on your diploma (indicate hyphens, middle name or middle initials, accents, or capitalization)															

Note: The name on your diploma must include your legal first and last name. If the name you want on your diploma does not match the name on your official transcript, you must submit a copy of one of the following legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security Card. (Exception: expanding or shortening your middle name requires no documentation.)

MAIL MY DIPLOMA TO:

Name (if different than above)															
Street															
City				State				Zip							
Country (not required if mailed inside U.S.)				<input type="checkbox"/> Please update my UW Permanent Mailing Address to the address listed.				<input type="checkbox"/> I need to have this diploma copy certified and have attached the DIPLOMA CERTIFICATION REQUEST FORM							

Number of replacement diploma(s) requested _____ @ \$20 each = \$_____ Check # _____

Student's signature _____ Date _____

Email _____ Phone _____

RETURN THIS FORM TO:

Please return this form with a check or money order (payable to University of Washington) in U.S. funds to:

**University of Washington
 Graduation & Academic Records
 Box 355850
 Seattle, WA 98195-5850**

Email: diploma@uw.edu Phone: 206.543.1803

FOR OFFICE USE ONLY

Verified by: _____ Date: _____ Holds?: _____ Notes: _____

SISKEY: