



REQUEST FOR REPLACEMENT OR ADDITIONAL COPY OF DIPLOMA

901 West Illinois Street, Suite 140, Urbana, Illinois 61801-3446

Fax: (217) 265-8457 Phone: (217) 333-6383

Office hours: 8:30 a.m. – 12:00 p.m. and 1 p.m. – 5:00 p.m., Monday - Friday

The cost of a replacement or additional copy of diploma is \$20.00 per copy. Payment is due with this request by check, money order or credit card. The graduate's signature is required.

- If paying by check or money order, please make check payable to "University of Illinois". (Note: Requests paid by check will be delayed until check has cleared).
- If faxing, credit card information is required (see below).
- If you plan to pick up in person at the Office of the Registrar, check the "Pick Up" box.
- If you would like your replacement or additional copy of diploma mailed, fill in your address below. The diploma will be sent via US first class mail unless you request otherwise.

Diploma should be available approximately three weeks after the order is placed.

_____ PRINT LAST NAME FIRST NAME MIDDLE NAME UIN or _____ SSN ¹ (not required) _____ DOB ² : _____				DEGREE AWARDED <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Artist Diploma <input type="checkbox"/> CAS
NAME IN UI RECORDS IF DIFFERENT FROM ABOVE If you want your name to appear differently on your diploma than on your UI record, please refer to the University web site regarding official name changes. (http://registrar.illinois.edu/changing-your-personal-information). After your name has been officially changed by the University, you may submit your request for a replacement or duplicate diploma.				
_____ DEGREE TITLE				GRADUATION PERIOD <input type="checkbox"/> May _____ <input type="checkbox"/> August _____ <input type="checkbox"/> October _____ <input type="checkbox"/> December _____
				QUANTITY REQUESTED _____

MAILING ADDRESS: _____ _____ _____ _____ _____	Phone: _____ Email: _____
PICK UP at the Office of the Registrar: <input type="checkbox"/>	

Graduate's signature _____			
FOR CREDIT CARD PAYMENT, please provide the following information: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AE <input type="checkbox"/> DISC			
_____ Name on the credit card	_____ Credit Card Number	_____ Expiration date	_____ Security Code

¹ If you do not know your University Identification Number (UIN), a Social Security Number (SSN), even though not required, will expedite the processing of your order. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any SSN without consent for any purpose except as allowed by law and University policy (see www.ssn.uillinois.edu).

² Student graduation records after Fall 1982 are retrievable by UIN. Please provide your Date of Birth (DOB) if you do not know your UIN.