

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: Monday – Friday 8:30 a.m. – 12:00 p.m. and 1:00 p.m. – 5:00 p.m.

The cost of a replacement or additional copy of diploma is \$20 per copy. Payment is due with this request by check, money order, or credit card. If paying by check or money order, please make checks payable to "University of Illinois." The diploma should be available approximately three weeks after the order is placed.

I am requesting a replacement/additional diploma shipped via:

- USPS (no tracking) no additional cost: \$20
- UPS Express shipping (tracking): \$20 + additional cost (Contact graduation@illinois.edu for pricing.)

_____ Quantity Requested

<p>_____ PRINT LAST NAME FIRST NAME MIDDLE NAME UIN or SSN</p> <p>Graduate's handwritten signature (required) _____</p> <p>_____ NAME IN UI RECORDS IF DIFFERENT FROM ABOVE DOB</p> <p>If you want your name to appear differently on your diploma than on your UI record, please refer to the University website 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 diploma request.</p> <p>_____ DEGREE TITLE</p>	<p style="text-align: center;">DEGREE AWARDED</p> <p><input type="checkbox"/> Bachelor's</p> <p><input type="checkbox"/> Master's</p> <p><input type="checkbox"/> Doctoral</p> <p style="text-align: center;">GRADUATION MONTH & YEAR</p> <p><input type="checkbox"/> May _____</p> <p><input type="checkbox"/> Aug. _____</p> <p><input type="checkbox"/> Oct. _____</p> <p><input type="checkbox"/> Dec. _____</p> <p><input type="checkbox"/> Jan. _____</p>
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Mailing Address _____

_____ City _____

State/Province _____ Zip Code _____ Country _____

Phone _____ Email _____

PICK UP at the Office of the Registrar (If you choose this option, you do not need to include your mailing address.)

FOR CREDIT CARD PAYMENT, please provide the following information: Visa MC AE DISC

 Name on the credit card Credit Card Number Expiration Date Security Code

*If faxing, credit card information is required. Do NOT send credit card information via email.