

DIPLOMA REPLACEMENT REQUEST

UOG STUDENT ID #:		BIRTHDATE:	
FULL NAME:			
Last	First	Middle	MAIDEN (IF APPLICABLE)
MAILING ADDRESS:			
Email:		_ PHONE #:	
Degree Earned:		YEAR EARNED:	
Major:			
I WISH TO HAVE MY NAME APPEAR O	ON MY DIPLOMA A	AS FOLLOWS: (PLEAS	SE PRINT)
DELIVERY:			
□ SELF PICK-UP OR MAY RELEA	ASE TO:		
\Box TO BE MAILED (ADDITIONAL	FEES APPLY):		
FEES:			
DIPLOMA - \$49			
□ MAIL TO U.S.A \$15.60 (U *Postal rates to international destination			
IGNATURE:		DATE:	
AMOUNT RECEIVED: F	RECEIPT NO.:	INITIALS:	DATE:
UOG Station, 303 University D		96913 Tel. (671) 735.2201 Fa stern Association of Schools a	

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