

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 ON MY DIPLOMA	AS FOLLOWS: (PLEAS	SE PRINT)
Delivery:			
☐ SELF PICK-UP OR MA	AY RELEASE TO:		
☐ TO BE MAILED (ADD)	ITIONAL FEES APPLY):		
Fees:			
□ DIPLOMA - \$100			
MAIL TO U.S.A AN 735-2928. *Postal rates to international	ND OUTER ISLANDS, PLE	ASE CONTACT UOG'	S POST OFFICE AT 671-
SIGNATURE:		Date:	
	RECEIPT No.:		

Revised 01.25.23 mslg