UNIVERSITY OF WISCONSIN WHITEWATER

For office use only:
Processed: _____

# Replacement Diploma Request

Instructions: Please fill out this form as indicated. Diploma will not be issued if you have any unmet obligations to the university or holds on your account. Please be sure that you have filled out the form completely to avoid a delay in issuing your diploma.

**PLEASE PRINT CLEARLY.**

| STUDENT NAME | | |
|---|---|---|
| FIRST | MIDDLE | LAST |
| | | |

| DIPLOMA NAME (HOW YOUR NAME WILL APPEAR ON YOUR DIPLOMA) | | |
|---|---|---|
| FIRST | MIDDLE | LAST |
| | | |

| DAYTIME PHONE NUMBER | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| DATE OF BIRTH | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| MONTH (MM) | | DAY (DD) | | YEAR (YYYY) | | | | |

| UW-WHITEWATER ID NUMBER | | | | | | | OR | SOCIAL SECURITY NUMBER | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

| E-MAIL ADDRESS | |
|---|---|
| | @ |

| DOMESTIC MAILING ADDRESS | | | |
|---|---|---|---|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | |

**OR**

| | | |
|---|---|---|
| STREET ADDRESS | CITY | ZIP CODE |
| | | |
| STATE | PROVINCE/ REGION | COUNTRY |
| | | |

**DISTRIBUTION (CHECK ONE)**

- ◯ I will pick up in person
- ◯ Mail to the address above

**PREPARATION INSTRUCTIONS**

- ☑ Regular ($25) x _____
- ☐ Rush (additional $25)
- ☐ Same Day (additional $50)
- ☐ Diploma Cover (additional $10)

Total: _____

**PAYMENT METHOD (CHECK ONE)**

- ☐ Check Enclosed: *Payable to UW-Whitewater*
- ☐ Card Number: ___ ___ ___ ___ / ___ ___ ___ ___

___ ___ ___ ___ / ___ ___ ___ ___

Expiration Date (MM/YY): ___ ___ / ___ ___

CVV Code: ___ ___ ___

| OFFICE USE ONLY | | |
|---|---|---|
| Degree | Conferral Date | Honors |
| | | |

Only completed forms will be accepted/processed.

Updated 11/2017

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Registrar@uww.edu I P: 262-472-1570