

W UNIVERSITY of WASHINGTON | TACOMA
DIPLOMA NAME REQUEST FORM

Office of the Registrar

This form is used to indicate any special instructions for the name on your diploma.

Current Students: Complete this form and sign below. **PLEASE PRINT CLEARLY.**

YOUR NAME AS IT CURRENTLY APPEARS ON YOUR UW RECORD			
Legal Name (Last)	(First)	(Middle)	(Jr., etc.)
Student Number	Degree Title	Program or College	
Anticipated Quarter of Graduation (select one)		Anticipated Year of Graduation	
<input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		20 _____	

NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA			
Name on your diploma must include your legal first and last name. <i>PLEASE PRINT CLEARLY</i>			
First	Middle	Last	Jr., etc.

SPECIAL INSTRUCTIONS	
<i>Special instructions regarding your name for your diploma (i.e. uppercase and lowercase letters, spacing, accents, periods, etc.)</i>	
Email	Phone

RETURN THIS FORM TO:
<p>Please return this form by the last day of the quarter you plan to graduate to:</p> <p>University of Washington Tacoma Office of the Registrar Campus Box 358400 Tacoma, WA 98402</p>

FOR OFFICE USE ONLY		
Verified by	Date diploma ordered	Graduation Date
Coded SDB: <input type="checkbox"/> 335 <input type="checkbox"/> 505 Date _____	Proofed by _____ Date _____	
Comments:		

Email: reguwt@uw.edu
 Phone: 253-692-4913
 Fax: 253-692-4414