



UNIVERSITY OF WASHINGTON  
**DIPLOMA REPLACEMENT FORM**  
 GRADUATION AND ACADEMIC RECORDS OFFICE

Complete this form and sign below. Please print clearly.

|  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Legal name of student (First)  |  |  |  | (Middle)  |  |  |  | (Last)   |  |  |  | (Jr., etc.)                                  |  |  |  |
| Student Number   |  |  |  | Social Security Number (optional — used to verify the correct record) |  |  |  | If attended UW prior to 1983 Birthdate (Mo., Dy., Yr.) |  |  |  |  |  |  |  |
| Graduation Date  |  |  |  | Degree Earned   |  |  |  | Honors   |  |  |  | College (Arts & Sciences, Engineering, etc.) |  |  |  |
| Name as you wish it to appear on your diploma (indicate hyphens, middle name or middle initials, accents, or capitalization) |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

**Note: The name on your diploma must include your legal first and last name.** If the name you want on your diploma does not match the name on your official transcript, you must submit a copy of one of the following legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security Card. (Exception: expanding or shortening your middle name requires no documentation.)

**MAIL MY DIPLOMA TO:**

|  |  |  |  |       |  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|--|-------|--|--|--|---|--|--|--|--|--|--|--|
| Name (if different than above)               |  |  |  |       |  |  |  |   |  |  |  |  |  |  |  |
| Street                                       |  |  |  |       |  |  |  |   |  |  |  |  |  |  |  |
| City   |  |  |  | State |  |  |  | Zip   |  |  |  |  |  |  |  |
| Country (not required if mailed inside U.S.) |  |  |  |       |  |  |  | <input type="checkbox"/> Please update my UW Permanent Mailing Address to the address listed. |  |  |  |  |  |  |  |

Number of replacement diploma(s) requested \_\_\_\_\_ @ \$20 each = \$ \_\_\_\_\_ Check # \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**RETURN THIS FORM TO:**

Please return this form with a check or money order (payable to University of Washington) in U.S. funds to:

**University of Washington  
 Graduation & Academic Records  
 Box 355850  
 Seattle, WA 98195-5850**

Email: [diploma@uw.edu](mailto:diploma@uw.edu)

**FOR OFFICE USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Holds?: \_\_\_\_\_ Notes: \_\_\_\_\_

**SISKEY:**