

Diploma Replacement Request

Students will be charged a \$25 fee for each additional diploma.

Name _____
Last First Middle (Maiden/Previous Names)

UF ID# _____ and/or Social Security# _____

Year Graduated _____

Address where the diploma should be sent:

City _____ State _____ Zip _____

Country _____

Diploma needing to be replaced (check beside each that apply):

Associate's _____ Bachelor's _____ Master's _____

If you are an undergraduate student who graduated with honors, check beside the appropriate honors:

Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude _____

This form should be completed and returned to:

Office of the Registrar
1000 N Main St
Findlay OH 45840
Enclose a check for \$25
Payable to The University of Findlay

Office of the Registrar
OR Fax 419-434-5565
Must include credit card information:
Name on card, credit card number,
Expiration date, and contact number