

Diploma Replacement Request

A fee of \$25 will be charged for each diploma.

Name Last _____ UF ID# _____
First _____ **AND/OR**
Middle _____ Social Security # _____
Maiden/Previous _____ Year Graduated _____

Name as you wish it to appear on the diploma _____

PLEASE PRINT CLEARLY

Email _____ Phone _____

Diploma to be replaced (check all that apply)

____ Associate's – Graduate with Honors ____ Yes ____ No
____ Bachelor's – Graduate with Honors ____ Yes ____ No
____ Master's
____ Doctorate

Mailing Address

Name _____
Street _____
Apartment (if applicable) _____
City _____ State _____ Zip/Postal Code _____
Country _____

Payment

By Check: Mail completed and signed form and a check made payable to The University of Findlay to Office of the Registrar, 1000 North Main Street, Findlay, OH 45840.

By Credit Card: Fax completed and signed form to 419-434-5565, ATTN: Office of the Registrar, OR you can scan the completed and signed form and email it to registrar@findlay.edu. Please contact the Business Office at 419-434-4690 or businessoffice@findlay.edu to arrange credit card payment. When payment has been confirmed by the Business Office, the Diploma will be mailed to the address above.

Signature

The Diploma Replacement Request will not be processed without your signature below.
