UNIVERSITY OF WISCONSIN-EAU CLAIRE
DIPLOMA REPLACEMENT REQUEST FORM

Name _____________________  Student ID or last four SSN ___________  
(Please print)

Date of Birth ___________________  Maiden Name, if applicable ____________________________

Name as shown on the original diploma ____________________________________________________

Month/Year of Graduation _______________  Degree earned ____________________________________

Reason for Replacement/request: (Please check one)

___ Diploma has been lost or damaged.   ___ Name has been legally changed.

Size and pieces requested: (Please check only one. Price is the same for any choice.)

___ large (8”x10”) diploma only   ___ large cover only   ___ large diploma & cover

Name to be shown on the replacement diploma: ______________________________________________
(Note: Initials may be substituted for names and vice versa.)

Address for mailing:
____________________________________________________________________________________
____________________________________________________________________________________

Email address: __________________________________________________________

Signature: X ____________________________  Date __________________

• This form and the $40 fee must be received in our office before we place the order.
• The form, once signed, can be sent as an attachment to DegreeReview@uwec.edu.
• Please make checks payable to UWEC. Online payments are also accepted through this link.
• Please check one to indicate form of payment: Check[ ] or Online Payment[ ]
• Mail form and fee to: UW-Eau Claire 
  105 Garfield Avenue
  Blugold Central, 1108F VLL Hall, Registrar’s Unit
  Eau Claire, WI 54702-4004

Please note: Diplomas are ordered once monthly, so it may take several weeks to receive your diploma.

OFFICE USE ONLY:

___ online payment  ___ check ___ cash ___ money order  Date: ________  Degree: ____________________________

Diploma Ordered Date: ____________  By: ______  Honors: ____________  Confer Date: ____________