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	e check one)
Diploma has been lost or dam	nagedName 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 onlylarge diploma & cover
Name to be shown on the replacement d	(Note: Initials may be substituted for names and vice versa.)
Address for mailing:	
, was 100 maining.	
Email address:	
Signature: X	
TI: 6 111 Acc 6 11	
	ceived in our office before we place the order. s an attachment to DegreeReview@uwec.edu .
-	C. Online payments are also accepted through this <u>link</u> .
• Please check one to indicate form of p	payment: Check or Online Payment
	au Claire
	arfield Avenue
_	d Central, 1108F VLL Hall, Registrar's Unit aire, WI 54702-4004
Lau Ci	ane, Wi 34702-4004
Please note: Diplomas are orde	ered once monthly, so it may take several weeks to receive your diploma.
OFFICE USE ONLY:	
online navment check cash	money order
Diploma Ordered Date: I	By: Honors: Confer Date: