



Application for Replacement Diploma in New Name

OLD NAME* _____

*Type or print your name exactly as it appears on the original diploma.

NEW NAME* _____

*Type or print your name exactly as it should appear on the replacement diploma.

Mailing Address

Street _____ City _____ State _____ Zip _____

Degree _____ Awarded In _____

Date Conferred _____

Note: A statement indicating the date the original diploma was issued and the name under which it was issued will be printed on the top of the diploma. The statement "Duplicate" and the date of reissue will be printed on the bottom of the replacement diploma unless the original is returned with this application.

AFFIDAVIT

I affirm that, to the best of my knowledge, my diploma has been irreparably damaged, lost, destroyed, or stolen. I therefore request the Board of Trustees of the University of Chicago to authorize the issuing of a replacement diploma.

Signature of Applicant: _____

To be signed in the presence of Notary Public

State of _____ County of _____

Signed by and sworn to or affirmed, before me, on this date _____

Signature of Notary Public _____

Commission expires _____

The fee for a replacement diploma is \$130, plus shipping. Payment can be made by money order or online at https://registrar.uchicago.edu/page/online-payments.

Shipping Fees

Standard Shipping: \$5 Fedex Domestic: \$30 Fedex Canada/Mexico: \$55 Fedex Other International: \$65

Please indicate your payment details:

[] Money Order Amount Enclosed _____

[] Online Payment Amount Paid _____ Transaction Number _____

To be completed by Office of the University Registrar

Date Affidavit and Fee Received _____

Diploma Ordered _____

Date Diploma Received from Printer _____

Diploma Mailed _____