

REPLACEMENT DIPLOMA REQUEST

Office Of The Registrar
uaf-degree-services@alaska.edu
Po Box 757495, Fairbanks, Ak 99775-7495
Tel: 907-474-6300 / 877-474-6046 Fax: 907-474-1590

P _____

Please provide your full name that is currently on record with the Office of the Registrar OR the last name officially on file when you graduated. Students may change their name by completing a UA Change Form (available online at www.uaf.edu/reg/forms.php under Miscellaneous) and providing required official documents. Former or current UA employees must contact Human Resources for name changes. Please submit completed form to the Office of the Registrar.

CONTACT INFORMATION

Previous Names Used

First Middle Last or family name (please give your full legal name) UA Student ID

Current mailing address City State Zip/postal code Available until

Date of birth Phone (include area code) E-mail

Billing address (if different from mailing)

DIPLOMA NAME

PLEASE PRINT YOUR NAME EXACTLY AS IT WOULD APPEAR ON THE DIPLOMA.

Name on Diploma

E-mail to send electronic copies to
(If left blank, electronic copies will be sent to your alaska.edu email)

APOSTILLE

APOSTILLE FOR FOREIGN COUNTRIES

DEGREE INFORMATION

COST AND PAYMENT

Signature (required)

Date