

## Replacement/Duplicate Diploma Request

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Please be sure to carefully complete all information prior to printing the document.

Name to be print	ted on di	ploma*							
Last Name					First	Name			Middle Name
Previous Name (	If Applica	able)							
UIN		(	or						
Last Semester Attended				ast Year Attended	and Date of Birth (mmddyyyy)				
Mailing Address					City			State	Zip Code
Daytime Phone							Email Address		
Degree**									
Student Signatu	re (Requi	red)						D	Pate
A \$30.00 fee is chorder. NOTE: Ca					nent may	be ma	de by enclosing a pe	ersonal cl	heck (made out to UIS) or money
not in our databas Information abou	se, you mo t name ch lons abou	ust officially nanges can l	change i	t with the Of on our websi	fice of Rec te at: http	cords a ://ww	nd Registration beforw.uis.edu/registration	re it can b n/records	name you want on your diploma is the printed on your diploma.  NameChangeInformation.html.  7/206-6709 or by emailing
									oma, you will need to contact the ://www.uis.edu/advancement/.
					For Office	Use O	nly		
Degree									
Award Date					Но	nors			
Holds: Yes		No							
Payment					Ord	dered			