

Official Request for Duplicate Diploma

academic/employment purposes):	ement for damaged or lost di	plomas, name cl	nanges, or replica for	
Name (when <i>attending</i> the University of Kentucky):				
	Last	First	MI	
Name changes (since your attendance):				
Name (as it will appear on diploma):	First			
NOTE: If you are indicating a name change, please enclose a brief a photocopy of one form or legal documentation (e.g., driv	f statement signed by you noting both	your previous and nev		
Student ID or Social Security Number:				
Present address: Street		Aj	partment #	
City	State		Zip	
Daytime telephone: ()	E-mail address:			
Area Code				
Diploma mailing address: (if different than above) Street			partment #	
City	State		Zip	
Type of Degree awarded:	Date received	Date received:		
Honors (if received):				
Birthdate: (MM/DD/YYYY)//	_			
Student's Signature:		Date:		
Please note that your new diploma will be processed on current The charge for a new diploma is \$25.00. Your check or money of Please allow four to six weeks for delivery.	rder should be made payable to the	•	entucky.	
If you have questions, visit online at www.uky.edu/registrar/dup To receive a duplicate diploma, return this form, along with pay		7157.		
University of Kentucky	To pay by credit card	To pay by credit card, complete the following information:		
Registrar's Office 10 Funkhouser Building Lexington, KY 40506-0054	Credit Card #:	Credit Card #:		
	Exp. Date:	DVisa	☐ MasterCard	

OFFICE USE ONLY/DO NOT WRITE BELOW THIS LINE