

**UREG (UNIVERSITY REGISTRAR)
UNIVERSITY OF VIRGINIA
DIPLOMA MAILING REQUEST**

Full Name: _____
(last) (first) (middle)

Student ID # or Last 4-digits of SSN: _____

Address:
Street # / Box # / Apt# _____

City _____ State _____ Zip _____

Telephone Number: Home (_____) _____

Current Email Address: _____

Are you in a College Distinguished Majors or Honors program? Y _____ N _____

Degree _____

Semester of Graduation Spring Summer Fall

Domestic Mailing = \$9.00, international = \$19.00

Make checks payable to University of Virginia. Amount enclosed: \$ _____

Diplomas will not be mailed without payment fee in advance. (No charge for DMP/Honors participants)

Signature: _____

**Mail to: UREG (Office of the University Registrar)
University of Virginia
P O Box 400203
Charlottesville, VA 22904-4203**