Replacement/Duplicate Diploma Request Form

Student ID # ________________________________________  Birthdate ________________________________

Last Name __________________________  First Name __________________________  Middle Name ________________
Maiden/Previous ________________________________________________________________________________

Mailing Address

Address                        Address
line 1  __________________________  line 2  __________________________
City  __________________________  State  __________________________  Zip  __________________________
Country  ______________________  Phone  ______________________  Email  ______________________

Diploma Orders

Make checks payable to: University of Virginia

Fee -- (US dollars only)

Original
Copy
Replacement
Sent original back, reordered

Duplicate, Lost or Replacement Diploma Fee:
• $59 for orders to be sent domestically
• $69 for orders to be sent internationally

Amount enclosed $____

School of Enrollment  Choose an item.
Degree  Choose an item.
Semester of Graduation  

Signature __________________________________________

Please send form with payment to:

University of Virginia
UREG (Office of the University Registrar)
PO Box 400203
Charlottesville, Virginia  22904-4203