



UNIVERSITY of VIRGINIA
UREG (Office of the University Registrar)
P.O. Box 400203
Charlottesville, VA 22904-4203

Diploma Mailing Request Form

Student ID # _____ Birthdate _____

Last Name _____ First Name _____ Middle Name _____

Maiden/Previous _____

Mailing Address

Address Line 1	_____	Address Line 2	_____
City	_____	State	_____ Zip
Country	_____	Phone	_____ Email

School of Enrollment Choose an item.

Degree Choose an item.

Semester of Graduation Spring Summer Fall Year _____

Signature _____

Please send form to:

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