



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

Replacement/Duplicate Diploma 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 _____

Diploma Orders

Fee--Check or Money Order in US dollar denomination only (NO CASH ACCEPTED)

Make checks payable to: **University of Virginia**

Duplicate, Lost or Replacement Diploma Fee:

- \$60 for orders to be sent domestically
- \$70 for orders to be sent internationally

Original
 Copy
 Replacement
 Sent original back, reordered

Amount enclosed \$ _____

School of Enrollment Choose an item.

Degree Choose an item.

Semester of Graduation Spring Summer Fall Year _____

Signature _____

Please send form with payment to:

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