



DUPLICATE DIPLOMA REQUEST FORM

****PLEASE PRINT CLEARLY****

OFFICE OF THE REGISTRAR

LAW STUDENTS: Please contact the Law Registrar's Office for Diplomas: lawreg@law.miami.edu

M.D. STUDENTS: Please go to the Medical School Registrar's Office for Diplomas.

PRINT NAME - Must be the same as it appears on the original diploma unless you are submitting a change of name. (If name needs to be changed, you must submit a completed Change of Name Form located at www.miami.edu/registrar along with legal documentation.)

NAME _____

UM ID # or SOCIAL SECURITY #

DATE OF BIRTH

_____/_____/_____

_____/_____/_____

Degree: _____

Graduation Date: _____

*Address to mail the diploma to: _____

Address Line 1

Address Line 2

City/State/Zip

***Note:** Diplomas are customarily ordered once a week, and should be received approximately 2 weeks after the ordered is placed.

Bachelors/Masters/PhD/Doctoral = \$10.00/each

_____ # of copies

Amount Paid \$ _____

SIGNATURE _____

STUDENT'S PHONE NUMBER _____

DATE _____

STUDENT'S EMAIL ADDRESS: _____

121 Whitten University Center P.O. Box 248026 Coral Gables, FL 33124-6914

EMAIL: l.bauer@miami.edu

FAX: 305-284-6293

Updated 01/12

PAYMENT INFORMATION

____ Credit Card ____ Check (made out to University of Miami)

Credit Card: Visa ____ MasterCard ____ #: _____

Expiration Date: ____ / ____ CC Billing Zip Code: _____ CVV Security Code (on back, usually 3 digits): _____

NOTE: Please be sure to include CVV and billing zip code or credit card may be declined.