



**DUPLICATE/REPLACEMENT DIPLOMA REQUEST**

**Duplicate/Replacement Diploma Policy**

- A duplicate/replacement diploma will be issued if a **notarized statement** is sent to the Office of the University Registrar attesting that the original diploma was lost, destroyed, you have had a legal name change or you are requesting a duplicate diploma in addition to the original.
- The name printed on the duplicate/replacement diploma will be the same as the name printed on the original diploma unless there is a legal name change. *If there is a legal name change, the original diploma and copies of any legal documents must be returned with this notarized statement (i.e. marriage license, divorce decree, driver's license, social security card, etc.).*
- The cost of the diploma is \$20.00 plus \$10.80 for postage. If it is to be mailed within TN, an additional \$1.95 is required for tax. Your money order should be made payable to University of Tennessee Health Science Center. Please allow 3-4 weeks for delivery of the diploma. Mail your request to UTHSC Office of the Registrar, 910 Madison, Ste. 530, Memphis, TN 38163.

**Please complete all information requested below.**

Student ID # ( If applicable): \_\_\_\_\_

Name on Original Diploma: \_\_\_\_\_  
First Middle Last

Graduation Date: \_\_\_\_\_  
Month Day Year

College/Degree: \_\_\_\_\_  
College Degree Earned

Current Mailing Address: \_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

**Please check one of the following:**

- My original diploma was lost or destroyed
- I am requesting a **DUPLICATE** diploma in addition to the original
- My name has been legally changed, and I am requesting that my name be changed from \_\_\_\_\_ to \_\_\_\_\_

(PLEASE RETURN ORIGINAL DIPLOMA AND LEGAL PROOF OF NAME CHANGE)

**Notarized Statement for Duplicate/Replacement Diploma**

I, \_\_\_\_\_, hereby request a duplicate/replacement diploma and attest that the information indicated is accurate.

Signature: \_\_\_\_\_

Signed by and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date