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.

<table>
<thead>
<tr>
<th>Student ID # (If applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Original Diploma:</td>
</tr>
<tr>
<td>Graduation Date:</td>
</tr>
<tr>
<td>College/Degree:</td>
</tr>
<tr>
<td>Current Mailing Address:</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

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

Revised 10/2013