

**The University of Georgia
Office of the Registrar
Request for Replacement Diploma**

Last four digits of SSN

Date of Birth (MM/DD/YYYY)

Name on UGA Academic Record (Last, First, Middle)

Name to Appear on Diploma if different from above. Please note that appropriate documentation and copy of a photo ID must be included with request.

Degree Received

Major

Honors

Graduation Date (MM/DD/YYYY)

Address where Diploma is to be Mailed:

Street Address

City

State

Zip Code

Country

- My signature below verifies that I have lost my diploma.
- My signature below verifies that my diploma has been damaged and I am also returning the damaged diploma.

UGA Graduate's Signature

Date

Internal Use Only:

Amount Paid: _____

Receipt Number _____

Received and Verified by: _____

Date: _____

Date Printed and Mailed: _____

Office of the Registrar
University of Georgia
Holmes/Hunter Academic Bldg
Athens, GA 30602-6113
706.542.4055