

UNIVERSITY OF LOUISVILLE  
APPLICATION FOR REPLACEMENT DIPLOMA

Name (print please) \_\_\_\_\_  
(Include all former names)

Print your name exactly as you want it to appear on your diploma:

\_\_\_\_\_  
Name of Degree or Certificate \_\_\_\_\_  
with a major in \_\_\_\_\_

Awarded on \_\_\_\_\_

Birth date \_\_\_\_\_ Student ID# or SSN# (last four digits) \_\_\_\_\_

Select One:

- I would like to pick up my diploma. Please notify me when it arrives.
- Mail Diploma to:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Diploma will be mailed through the US Postal Service in a cardboard tube)

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

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

Enclose cash, check, or money order in the amount of \$20.00, payable to the University of Louisville. This is to cover the charge. You will need to print this form, sign it and mail it in with your payment.

If you have any questions, please call 502.852.4659.

Mail this application along with your payment to:

Registrar's Office  
University of Louisville  
Houchens Bldg. – Room 31  
Louisville, KY 40292

Please allow 4 to 6 weeks for your diploma to arrive.