

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.