UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • 3211 Providence Drive Anchorage, AK 99508 • 907-786-1480

Application for Replacement Diploma

Name:	
UA Student ID (or last four of SSN):	DOB:
Phone number:	Email address:
Degree:	Date earned:
Student signature:	
 of printing: first name, middle in on diplomas only upon request. If Graduates wishing to order a representation form and has submitting this request. Diplomas will be printed with cu 	cript will be the official name on file with the university at the time itial, last name. We will print full middle names and maiden names Please indicate below under desired name. ** lacement diploma for a change of name must complete a Change of ave your name officially changed on university records prior to arrent signatures of the University President, Chancellor, and Chair have the words "Replacement diploma issued (date)" printed under
Cost Information • \$25 per replacement diploma	
Order Information	
I am requesting replacement dip quantity	ploma(s) for the degree specified above.
Please check one of the following: I will pick up my diploma(s) at the	he Enrollment Services Center
Please mail my diploma(s) to the	address below.
Desired Printed Name**:	
Street/PO Box:	
City: State: _	Zip code:

Payment Information

Check – Please make payable to the University of Alaska Anchorage.

Credit Card – Scan and email the signed form to uaa.degrees@alaska.edu to receive the online payment link.

Please email <u>uaa.degrees@alaska.edu</u> with questions.