

PLEASE PRINT YOUR NAME EXACTLY AS IT WOULD APPEAR ON THE DIPLOMA.

NAME	UA Student ID#
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Please provide your full name that is currently on record with the Office of the Registrar OR the last name officially on file when you graduated. Students may change their name by completing a UA Change Form (available online at www.uaf.edu/reg under Student Forms) and providing required official documents. Former or current UA employees must contact Human Resources for name change. Please submit completed form to the Office of the Registrar.

Previous Names Used:

CURRENT MAILING ADDRESS	BILLING ADDRESS (if different from mailing)
Street & No.	Street & No.
City State Zip	City State Zip
Address available until:	Email:
Phone number:	

DEGREE INFORMATION

Degree or Certificate Earned: (Indicate if CERT, AA, AAS, BA, BBA, BS, MA, MBA, MS, PHD, etc.)	Major: Award Date:
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ORDER INFORMATION	PAYMENT INFORMATION
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Quantity	Cost for per duplicate diploma \$15.00 each	Total	Credit Card Information: (VISA or MASTERCARD)
			Expiration Date:

STUDENT SIGNATURE	Date:
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OFFICE USE ONLY		
Diploma Fee \$	Method of payment: <input type="checkbox"/> Credit Card (Visa or Mastercard) <input type="checkbox"/> Cash /Check/Money Order	Received by

RECEIVED
Office use only