

# REPLACEMENT DIPLOMA REQUEST

Date of Graduation: \_\_\_\_\_  
mm/yyyy

Name Under Which Student Graduated: \_\_\_\_\_

Student ID or Social Security Number or Date of Birth: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Degree(s) Earned: \_\_\_\_\_  
\_\_\_\_\_

Current mailing address:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Print student's name as it should appear on the diploma:

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

mm/dd/yyyy

**Please note:**

The format of the replacement diploma ordered for you will be similar to that awarded to this year's graduating class.

The names of the officials currently holding office will be on the replacement diploma. In some cases the names could be different from the diploma you originally received when you graduated.

The date printed on the diploma will be the degree conferral date verified for your student record.

Send completed form to the address or fax number above.

**Send Completed Form To:**

University of Rhode Island  
Enrollment Services Green Hall  
6 Rhody Ram Way  
Kingston, RI 02881 USA

**Phone:** (401) 874-9500

**Fax:** (401) 874-2910

**Website:** [www.uri.edu/es](http://www.uri.edu/es)

