

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

Dear UConn Graduate;

In response to your inquiry for a replacement diploma, we are enclosing a form for you to complete and return to us with your check or money order for \$25.00 per copy (made payable to THE UNIVERSITY OF CONNECTICUT). Payment must be drawn on a U.S. bank and be in U.S. dollars. From the time we receive your check, it will be about **two weeks** before you receive your diploma.

Your name on the replacement diploma should match that which currently appears on your official records. If you require the document in another name, we **must** receive written, legal documentation of the name change, along with your written request to change your name on all of your school records.

Your replacement diploma may be different than the original. We will indicate the actual degree conferral date on the diploma, but the University officials' signatures may be those for the current year's class.

If you have any questions regarding your diploma, please feel free to call us at (860) 486-4926, or email me at [kathleen.shipton@uconn.edu](mailto:kathleen.shipton@uconn.edu) .

Sincerely,

Kathy Shipton  
Assistant Registrar

kts  
Enc. - Replacement Diploma Request Form

Date\_\_\_\_\_

**REPLACEMENT DIPLOMA REQUEST FORM**

*(Please make corrections below if necessary)*

**Last 4 digits of SSN and/or Peoplesoft ID(if known)**

D.O.B.\_\_\_\_\_

**YOUR NAME:**\_\_\_\_\_ -

\*\*\* (As It Appeared On Your Academic Record, First, Middle, Last) \*\*\*

**NAME AS YOU WISH IT TO APPEAR ON DIPLOMA***(Please document if different than above):*

\_\_\_\_\_ -  
Indicate when UPPER/lower case, middle name spelled out or initial, etc.

**DATE OF GRADUATION:**\_\_\_\_\_ -

**SCHOOL OR COLLEGE:**\_\_\_\_\_ -

*(College of Liberal Arts & Sciences, School of Nursing, Graduate School, etc.)*

**DEGREE AWARDED:**\_\_\_\_\_

*(Bachelor of Arts, 2-Yr Certificate, 6<sup>th</sup>-Yr Certificate, Master of Science, PhD, etc.)*

**MAJOR /FIELD of STUDY:** \_\_\_\_\_

**GRADUATION HONORS**, if applicable: \_\_\_\_\_

.....  
**ADDRESS TO WHICH DIPLOMA IS TO BE MAILED:**

Name\_\_\_\_\_

Street & No., Apt.No. \_\_\_\_\_

City, State \_\_\_\_\_ Zip\_\_\_\_\_

Phone (Day): \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

***I am requesting a new diploma; the above information is correct.***

**SIGNATURE:** \_\_\_\_\_

*Make check or money order (\$25.00) drawn on a U.S. bank payable to: The University of Connecticut (Your cancelled check will be your receipt)*

Please send the completed form and check to:

UConn Registrar's Office  
Attn: Kathy Shipton  
233 Glenbrook Rd, Unit 4077A  
Storrs, CT 06269-4077