## REPLACEMENT DIPLOMA REQUEST

O ce Of The Registrar uaf-degree-services@alaska.edu Po Box 757495, Fairbanks, Ak 99775-7495 Tel: 907-474-6300 / 877-474-6046 Fax: 907-474-1590

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Please provide your full name that is currently on record with the O ce of the Registrar OR the last name o cially on file when you graduated. Students may change their name by completing a UA Change Form (available online at www.uaf.edu/reg/forms.php under Miscellaneous) and providing required o cial documents. Former or current UA employees must contact Human Resources for name changes. Please submit completed form to the O ce of the Registrar.

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CONTACT INFORMATION	Previous Names Used					1			
NFOR	First	Middle	Last or fa	mily name (pleas	e give your full legal name)	UA Student ID			
IACT II	Current mailing address	1	City	State	Zip/postal code	Available until			
00 00 00	Date of birth	Phone (inclu	de area code)		E-mail				
_	Billing address (if di erent f	from mailing)							
<b>DIPLOMA NAME</b>	PLEASE PR	RINT YOUR N	AME EXACTL	Y AS IT WO	ULD APPEAR ON THI	E DIPLOMA.			
OMA	Name on Diploma								
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E-mail to send electronic copies to  (If left blank, electronic copies will be sent to your alaska.edu email)									
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Signature (required) Date