

**Request for Duplicate Diploma**

Name (Please print): \_\_\_\_\_

SS# or UD ID#: \_\_\_\_\_

Name to Appear on Diploma: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Year Degree Awarded: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

I will pick up diploma:

Ship diploma to: address above \_\_\_\_\_  
this address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Additional charges apply if shipping with a carrier other than US Postal Service to U.S. address.

method of payment for **\$50.00 fee**: Check # \_\_\_\_\_

MasterCard, Discover, AmEx Credit Card Type: \_\_\_\_\_

(Visa not accepted) Number: \_\_\_\_\_

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

*Please include billing address for credit card if different from home address*

Signature: \_\_\_\_\_

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

**If paying by check, please mail this form to:**

Office of the Registrar  
University of Dallas  
1845 E. Northgate Dr.  
Irving, TX 75062

**If paying by credit card, you may fax to (972) 721-5132**

Phone: (972) 721-5221

**PLEASE ALLOW 8-10 WEEKS FOR DELIVERY**