Office of Student Records
124 University Center
Huntsville, AL 35899

Phone: 256-824-6070
Fax: 256-824-6073
www.uah.edu

Duplicate Diploma Order Form

Student Name: (as it appears on UAH Records)

_____
Last First MI

Student ID: _____

Degree Earned: _____

Major: _____

Graduation Date: _____

Address:

_____
Street/Apt number

_____

_____
City State Zip

Phone Number: _____

Email:_____

Select method of delivery and number copies needed:

1) Please mail ____ copies of my diploma to the address listed above.

2) I will pick up ____ copies of my diploma. Please notify me at the phone number listed above when my diploma is ready to be picked up.

Amount Due:
Number of copies ___@ $10.00 _____
Total amount enclosed: _____

Note: The name on record at UAH will be the name printed on the duplicate diploma ordered. Please contact the Office of Student Records to verify or change your name.

Student Signature:_____ **Date**:_____

For office use only:

Date request & payment received: _____By:_____
Date order placed: _____By: _____
Date diploma mailed/picked up by student: _____