



# DIPLOMA REQUEST FORM

## UC IRVINE • UNIVERSITY REGISTRAR

<b>Name on UCI Record:</b>	<b>Date of Birth</b>	<b>Student ID# (if known):</b>
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**Student Pickup or Authorization for Third Party Pickups**

**Authorization**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **is authorized to pick up my diploma on my behalf.**

First and last name of authorized individual (valid photo ID required)

Deliver this form to the Registrar's Office in person, by mail, or by fax. Address: 215 Aldrich Hall/Irvine, CA 92697-4975 Fax: 949-824-7896

**Mail my diploma to this address.** Include your first and last name; street address; city; state; zip code; contact email and/or phone number.

**Mail My Diploma**

Both domestic and international mailings of diplomas are sent via registered USPS mail and require a return receipt signature. **You must provide a mailing address where your diploma may be signed for upon receipt.**

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Replacement Diploma**

**Request for a Replacement Diploma**

Replacement Fee: **\$22.00**  
\*Mailing Fee: **\$25.00**  
\* There is no fee for in-person pickup

A replacement diploma may be requested if your original diploma has been lost or destroyed, or your name has changed since graduation. To obtain a replacement diploma you must complete and sign this section and submit your form with the required fees.

**Required: Use drop down menu to select the type and method of delivery .**

\_\_\_\_\_

<input type="checkbox"/> <b>My original diploma has been lost or destroyed.</b>	<input type="checkbox"/> <b>My name has changed since graduation and I am requesting a diploma with my new name.</b>
Please specify circumstances: _____ _____ _____	<b>Important:</b> This option requires the return of the original diploma and submission of a <a href="#">Request for Name Change</a> with supporting documents to ensure that UCI records agree with your diploma.
Office Use Only: Original Dip Received by: _____ Date: _____	

Social Security # (optional): \_\_\_\_\_

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

Date of Graduation: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

School(s): \_\_\_\_\_

**Diploma Mailing Address:** Include your first and last name; street address; city; state; zip code; contact email and/or phone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand the replacement diploma will bear the signatures of the current state and university officials. I also understand that a reissue date will be printed at the bottom of my diploma and that it may take 3 months to receive the replacement diploma. Immediate verification of a degree may be obtained by requesting an [official transcript](#) or [verification](#) from the Registrar's Office.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send form & payment to Central Cashier, 228 Aldrich Hall/Irvine, CA 92697-1975.

SELECT AND COMPLETE THE SECTION OF THE FORM THAT IS APPLICABLE TO YOUR REQUEST