

AFFIDAVIT FOR A REPLACEMENT DIPLOMA

I, _____ SS# _____

(PRINT NAME AS ON ORIGINAL DIPLOMA)

request that a duplicate diploma be ordered to replace my original. I graduated with a Doctor of Medicine degree _____

(MONTH, YEAR)

REASON FOR DIPLOMA REISSUE:

- 1. Original damaged () Return all damaged parts with this form.
- 2. Original lost or destroyed () Provide complete details (use additional page if necessary)

Applicant's Signature _____

Street Address _____

City State Zip Code

Phone Number Date

Signed before me on this _____ day of _____ 20____

(SEAL)

Notary My commission expires: _____

BE SURE TO INCLUDE:

- () Wallet size photograph
- () Damaged original
- () Check payable to University of Alabama School of Medicine for \$35.00

Reissued diplomas will be ordered at the next scheduled diploma order date. Dates are at the end of spring, summer and fall.

FORWARD ALL ITEMS TO MEDICAL STUDENT SERVICES, ACADEMIC RECORDS OFFICE, MAILING ADDRESS LISTED BELOW.

Medical Student Services, Records Office, VH 100, 1720 2rd Avenue South, Birmingham, AL 35294-0013