



Office of the Registrar

Undergraduate/Graduate (Nursing, DMD, OD)
Diploma Reorder/Replacement

Name _____

Student Number _____

(Leave blank if you do not know it)

**Name as you wish it to appear on your diploma:

Degree _____

Graduation Date _____

(Term/year)

Contact phone number _____

Email _____

Mail diploma to:

(Name)

(Address)

(City)

(State)

(Zip)

Signature

Date

Return request to:

Campbell Hall
Office of the Registrar
1300 University Blvd, Room 117A
Birmingham, Al 35294

rstevens@uab.edu; online payment: www.uab.edu/payfortranscript

There is a charge of \$15.00 for each Undergraduate diploma and \$30 for each Graduate diploma. Please allow 4-6 weeks for delivery.

**All diplomas are reordered with original names. If your name has changed and you want it to appear on your diploma, please provide documentation with your form.