



Application for Replacement Diploma

This form cannot be submitted electronically.

Please type in the required information, print, sign, and mail to the address below.

The Office of the University Registrar will order replacement diplomas if the original has been damaged or lost, or if there has been a change of name. You must provide proof of your name change by submitting a Name Change Form (with supporting documents) or a *Name Change Affidavit*. Both forms are available at <https://registrar.richmond.edu/services/procedures/name-change.html>. In the case of an additional copy of your diploma for legitimate professional purposes, a one-time request can be made.

Note, because this is an official document, only the original recipient of the diploma may request a replacement copy.

Enclose with this application a \$75.00 check payable to the University of Richmond, as well as copies of two (2) ID proofs from the following choices: passport, birth certificate; driver's license, or social security card. In addition, verification of your signature by Notary Public is required.

Replacement diplomas display the signatures of the current University of Richmond President and Dean of your school but show the original date of the award.

Please type or print neatly.

Reason for replacement diploma request: _____

Name on original diploma: First: _____ Middle: _____ Last: _____

For Name Changes Only:

New Name: First: _____ Middle: _____ Last: _____
<input type="checkbox"/> Name Change documentation has previously been provided to the University of Richmond
<input type="checkbox"/> Name Change documentation is included with this form

Date of Birth: Month _____ Day _____ Year _____

Phone: _____ Email address: _____

School(s) attended at the University of Richmond : _____

Degree(s) awarded: _____ Date awarded: _____

_____ Date awarded: _____

Address to which diploma is to be mailed: _____

I hereby certify that my original diploma was lost or damaged or I have changed my name.

Signature of Diploma Recipient _____

Signed before me this ____ day of _____, 20____ in _____.

Signature of Notary _____

Please print, and mail with a \$75.00 check payable to:
The University of Richmond
Office of the University Registrar
142 UR Drive
University of Richmond, VA 23173