UNIVERSITY OF WISCONSIN-EAU CLAIRE
DIPLOMA REPLACEMENT REQUEST FORM

Name ____________________________________________________   Student ID or last four SSN___________________
(Please print)

Date of Birth ________________________  Maiden Name, if applicable_______________________________________

Name as shown on the original diploma __________________________________________________________________

Month/Year of Graduation _____________  Degree earned ___________________________________________

Reason for Replacement/request: (Please check one)

___Diploma has been lost or damaged.  ___Name has been legally changed.

Size and pieces requested: (Please check only one. Price is the same for any choice.)

___large (8”x10”) diploma only ___large cover only ___large diploma & cover

Name to be shown on the replacement diploma: __________________________________________________________
(Note: Initials may be substituted for names and vice versa.)

Address for mailing:
________________________________________________________  
________________________________________________________  

Email address: ______________________________________________

Signature: X __________________________________________________________________________________________
                      Date

• This form and the $40 fee must be received in our office before we place the order
• The form, once signed, can be sent as an attachment to DegreeReview@uwec.edu.
• Please make checks payable to UWEC. Online payments are also accepted through this link.
• Mail form and fee to: UW-Eau Claire 
   105 Garfield Avenue 
   Blugold Central, 1108F VLL Hall, Registrar’s Unit 
   Eau Claire, WI 54702-4004

Please note: Diplomas are ordered once monthly, so it may take several weeks to receive your diploma.

OFFICE USE ONLY:

___online payment  ___check  ___cash  ___money order  Date: __________  Degree: ____________________________________

Diploma Ordered Date: ____________  By: ______  Honors: ____________ Confer Date: ____________

Diploma Mailed Date: ____________  By: ______  Campus Leader Name: __________________________________________

S://Forms/Diploma Replacement Request