

University of California, San Francisco Office of the Registrar Transcript & Diploma Unit Campus Box 0244 500 Parnassus Avenue MU-200W San Francisco CA 94143

REQUEST TO REISSUE DIPLOMA OR CERTIFICATE

Name			Phone
Last	First	Middle	Suffix (e.g., Jr.)
Mailing Address			E-mail
City	State	ZIP	Country (if not U.S. <u>)</u>
Date of Graduation		MyAccess ID or UCID (if known) Date of Birth	
School & Major		Degree (e.g., Ph.D., M.D., Certificate)	
REASON FOR REQUES	т		
☐ My previous diplor	na or certificate was da	amaged. I have attac	ched or enclosed my previous diploma or certificate.
☐ My previous diplor	na or certificate was lo	st or destroyed. The	e circumstances of the loss or destruction are:
The name on your diplom	na will match your name	e in our records. If ye	-4 months for processing. rou are requesting a reissued diploma or certificate because ition for Name Change After Graduation.
MAILING INFORMATION	ON .		
When my diploma or cert	ificate arrives:		
□ Please notify me	and hold it for pickup.		
□ Please mail it to n	ne (\$20 fee).		
FEES & PAYMENT			
Diploma/certificate reissu	e fee is \$50 per diplom	na or certificate. Opt	tional mailing fee is \$20 per diploma or certificate.
•	order payable to UC Re	-	
	I / Discover / American	Express Card No	D
Expiration Date _			
CERTIFICATION I declare under penalty of	f pariury that the forces	oing information is tr	rue and correct
i deciare under penaity o	i perjury that the forego	onig information is ti	de and correct.
Signature			Date
of our staff.	s form in person at the	_	rar, please bring photo identification and sign in the presenc
For office use only			
Received by			Date
Date diploma ordered		Date diploma ma	ailed or notification card sent