

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				Ph	none	
	Last	First	Middle	Suffix (e.g., Jr.)		
Mailin	ng Address			E-mail		
City		State	ZIP	Country (if no	ot U.S.)	
Date	of Graduation	N	NyAccess ID or SAA	User ID (if known)	Date of Birth	
School & Major			Degree (e.g., Ph.D., M.D., Certificate)			
REAS	SON FOR REQUES	т				
	My previous diplon	na or certificate was da	maged. I have attac	ched or enclosed my previou	s diploma or certificate.	
	My previous diplom	na or certificate was los	et or destroyed. The	e circumstances of the loss of	r destruction are:	
The n	ame on your diplom	a will match your name	in our records. If ye	-4 months for processing. ou are requesting a reissued tion for Name Change After	diploma or certificate because Graduation.	
MAIL	ING INFORMATIO	N				
When	my diploma or cert	ficate arrives:				
	□ Please notify me and hold it for pickup.					
	Please mail it to m	ne (\$20 fee).				
FEES	& PAYMENT					
Diplor	ma/certificate reissu	e fee is \$50 per diplom	a or certificate. Opt	tional mailing fee is \$20 per	diploma or certificate.	
□ Check or money order p□ Visa / MasterCard / Disc		. ,		·		
	Expiration Date _					
CERT	TIFICATION					
l decla	are under penalty of	perjury that the forego	ing information is tr	ue and correct.		
Signature				Date		
≒	If you present this of our staff.	form in person at the	Office of the Registi	ar, please bring photo identi	fication and sign in the presence	
	If you mail this fo	rm, we require you to r	notarize it.			
For of	ffice use only					
Received by				Date		
Date diploma ordered			Date diploma mailed or notification card sent			