



UNIVERSITY OF CENTRAL FLORIDA
REGISTRAR'S OFFICE
DUPLICATE DIPLOMA REQUEST

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| Return completed form to: Registrar's Office PO Box 160114, Orlando, FL 32816-0114 407.823.3100 registrar@ucf.edu | DD |
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INFORMATION

This form must be completed and submitted to order duplicate diplomas. The cost of ordering a duplicate diploma is **\$10.00** per diploma. Please enclose a personal check, money order or a cashier's check payable to the University of Central Florida. **Do not send cash.** Duplicate diplomas may take up to four weeks to be processed. During peak times (i.e. post-Commencement) diplomas may take longer than usual. The form **must be notarized**, either before it is mailed or when the form is delivered in-person to the Registrar's Office (MH 161).

PERSONAL INFORMATION

UCFID or SSN _____ Name (First, Middle, Last) _____

Print Name as you want it on your diploma _____

Telephone _____ Email Address _____ @ _____

Address _____

City _____ State _____ Zip _____

| Degree/Certificate #1 |
|---|
| Major _____ |
| Graduation Date (Month & Year) _____ |
| Quantity: _____ 8 ½" x 11" (certificates, associates, bachelors) _____ 11" x 14" (masters or doctorate ONLY) |
| <input type="checkbox"/> Summa Cum Laude <input type="checkbox"/> Magna Cum Laude <input type="checkbox"/> Cum Laude <input type="checkbox"/> Honors in the major <input type="checkbox"/> University Honors |

| Degree/Certificate #2 |
|---|
| Major _____ |
| Graduation Date (Month & Year) _____ |
| Quantity: _____ 8 ½" x 11" (certificates, associates, bachelors) _____ 11" x 14" (masters or doctorate ONLY) |
| <input type="checkbox"/> Summa Cum Laude <input type="checkbox"/> Magna Cum Laude <input type="checkbox"/> Cum Laude <input type="checkbox"/> Honors in the major <input type="checkbox"/> University Honors |

Total Amount Enclosed \$ _____

I certify that I am the above named person and the above statement is true and accurate to the best of my knowledge.

Student Signature _____ Date _____

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|---|
| State of _____ County of _____ |
| Sworn and subscribed before me this _____ of _____, _____ <small style="margin-left: 100px;">Date</small> <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> |
| Notary Signature _____ |
| Stamp/Seal of Notary _____ |
| <input type="checkbox"/> personally known <input type="checkbox"/> provided Identification Type of identification provided |

REGISTRAR'S OFFICE USE ONLY

| | | | |
|---------------------|--------------------|--------|-------------|
| Graduation Verified | Clearance Verified | Amount | Date Mailed |
|---------------------|--------------------|--------|-------------|