

Diploma Reprint Request Form

Complete the information below to process request. Please print clearly and legibly.			
Name on University Records at the	time of graduation:		
Name you want to appear on your diploma reprint:			
If the diploma reprint is a result of a name change: The new name may be updated on the diploma when this form is accompanied by a photocopy of an acceptable legal document reflecting the new name. Acceptable legal documents are a marriage license or court order. Documents that are not considered acceptable legal documents include a driver's license, a social security card, or notarized statement. Note: academic transcripts will continue to state the name of the student at the time of enrollment.			
UT Student ID (if known):	Date	e of Birth:	
Year Graduated (if known):	Degree and M	ajor:	
Phone Number:	Email Address:		
□ Pick Up			
☐ Diploma Mailing Address:			
Signature of Graduate:		Date:	
or money orders will be accepted n	nade payable to The Un	ise remit payment with this form. Only checks iversity of Tampa. Diplomas will not be eight (8) weeks for processing and shipment.	
A check or money order is enclosed Numbers of diplomas Total) x = \$	
Mail completed form, payment, and The University of Tampa Office of the Registrar 401 W. Kennedy Blvd, Box N Tampa, Florida 33606	d additional legal docum	nents (if applicable) to:	
	For Official Use	Only	
Processed By:	Order Date:	Shipment Date:	