

**OFFICE OF
THE REGISTRAR**

DIPLOMA RE-ISSUE APPLICATION

The University of Illinois at Chicago
Suite 1200 SSB, MC 018
Attn: Diploma Processing Officer
1200 W. Harrison St.
Chicago, IL 60607
312-996-4381



Graduate Information

Name: _____ Former Name(s) _____

UIN or SSN*: _____ DOB**: _____

Phone: _____ Email: _____

Diploma Information

Degree(s) Received: _____ Degree Conferral Date: _____

How would you like to receive your Diploma?

I will pick up my diploma **with picture ID** from the Office of the Registrar.

Please mail my diploma to: _____

I authorized the person indicated to pick up my diploma with a **picture ID. Name:** _____

Reasons for replacement:

Original Diploma was not received I would like an additional copy of my diploma

Diplomas are \$30.00 per copy. Form of Payment: Money Order Check Check # _____

(Make checks payable to University of Illinois at Chicago and mail to address indicated above).

Number of Diplomas _____ x = Amount Enclosed \$ _____

NOTARY SIGNATURE /
STAMP REQUIRED

SIGNATURE OF GRADUATE x _____ / / _____
Signature of Graduate Date

* If you do not know your University Identification Number (UIN), a Social Security Number (SSN), even though not required, will expedite the processing of your order. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any SSN without consent for any purpose except as allowed by law and University policy.

** If you do not know your UIN and do not wish to provide a SSN, please provide your Date of Birth (DOB).