



DIPLOMA REQUEST FORM

UC IRVINE • UNIVERSITY REGISTRAR

Name on UCI Record:	Date of Birth	Student ID# (if known):
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SELECT AND COMPLETE THE SECTION OF THE FORM THAT IS APPLICABLE TO YOUR REQUEST

Student Pickup or Authorization for Third Party Pickups

Authorization

Student Signature _____ Date _____

_____ **is authorized to pick up my diploma on my behalf.**

First and last name of authorized individual (valid photo ID required)

Deliver this form to the Registrar's Office in person, by mail, or by fax. Address: 215 Aldrich Hall/Irvine, CA 92697-4975 Fax: 949-824-7896

Mail my diploma to this address. Include your first and last name; street address; city; state; zip code; contact email and/or phone number.

Mail My Diploma

A \$10 mailing fee is required for mailing to a domestic address; \$35 for an international address. Make checks payable to UC REGENTS. Both domestic and international mailings of diplomas are sent via registered USPS mail and require a return receipt signature. **You must provide a mailing address where your diploma may be signed for upon receipt.**

Student Signature _____ Date _____

Send form & payment to Central Cashier, 228 Aldrich Hall/Irvine, CA 92697-1975.

Replacement Diploma

A replacement diploma may be requested if your original diploma has been lost or destroyed, or your name has changed since graduation. To obtain a replacement diploma you must complete and sign this section and submit your form with the required fees.

Required: Use the drop down menu to select the type and method of delivery of your diploma.

My original diploma has been lost or destroyed.

Please specify circumstances:

My name has changed since graduation and I am requesting a diploma with my new name.

Important: This option requires the return of the original diploma and submission of a [Request for Name Change](#) with supporting documents to ensure that UCI records agree with your diploma.

Office Use Only: Original Dip Received by: _____ Date: _____

The fee for a replacement diploma is **\$22.00.**
Additional mailing charges:
 \$10.00 for domestic addresses
 \$35.00 for international addresses

Social Security # (optional): _____

Degree Awarded: _____

Date of Graduation: _____

Major(s): _____

Minor(s): _____

School(s): _____

Diploma Mailing Address: Include your first and last name; street address; city; state; zip code; contact email and/or phone number.

I understand the replacement diploma will bear the signatures of the current state and university officials. I also understand that a reissue date will be printed at the bottom of my diploma and that it may take 3 months to receive the replacement diploma. Immediate verification of a degree may be obtained by requesting an [official transcript](#) or [verification](#) from the Registrar's Office.

Student Signature: _____ Date: _____

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