

**THE UNIVERSITY OF TEXAS  
SOUTHWESTERN MEDICAL CENTER AT DALLAS**

**SOUTHWESTERN MEDICAL SCHOOL  
SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES**

**REQUEST FOR DIPLOMA REORDER**

**LOSS OF DIPLOMA**

In order to comply with your request, please complete the blanks below and follow procedures as necessary and forward to the Office of the Registrar. (See back for additional information)

**(Only if the original Doctor of Medicine diploma is lost, stolen or destroyed).** This new diploma will be ordered upon receipt of the notarized statement completed below. This usually takes 30 days from the date we receive your notarized request. **ALL DAMAGED DOCTOR OF MEDICINE DIPLOMAS ARE TO BE RETURNED TO THE OFFICE OF REGISTRAR PRIOR TO ISSUANCE OF ANOTHER.** (See back of form)

Social Security # \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Print your name as it shall appear on the Diploma (include punctuation)

Name used while enrolled here at UT Southwestern: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Street Address: \_\_\_\_\_  
*City* *State* *Zip Code*

Degree(s) Received: PhD \_\_\_\_ MD \_\_\_\_ MA \_\_\_\_ MS \_\_\_\_ Degree(s) Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**COMPLETE THIS SECTION FOR DOCTOR OF MEDICINE DEGREE ONLY:**

**NOTARY STATEMENT OF LOSS OF DIPLOMA**

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned authority, a Notary Public in and for \_\_\_\_\_ County,  
State of \_\_\_\_\_ personally appeared \_\_\_\_\_  
known to me, and who, after being duly sworn, deposes and says that the original diploma awarded by The University of Texas  
Southwestern Medical Center at Dallas for the degree of Doctor of Medicine dated \_\_\_\_\_  
has been lost or destroyed on or about \_\_\_\_\_ under the following condition:

\_\_\_\_\_  
and further states that the existence or whereabouts of the original diploma is not known to the above person.

Signed \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Expiration

## REQUEST FOR DIPLOMA REORDER

### DAMAGED DIPLOMA

In order to comply with your request, please complete the blanks below and follow procedures as necessary and forward to the Office of the Registrar.

A new diploma will be ordered upon receipt of the completed form below. This usually takes 30 days from the date we receive your request. **ALL DAMAGED DIPLOMAS ARE TO BE RETURNED TO THE OFFICE OF REGISTRAR PRIOR TO ISSUANCE OF ANOTHER.**

Social Security # \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Print your name as it shall appear on the Diploma (include punctuation)

Name used while enrolled here at UT Southwestern: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Street Address \_\_\_\_\_  
*City* *State* *Zip Code*

Degree(s) Received: PhD \_\_\_\_ MD \_\_\_\_ MA \_\_\_\_ MS \_\_\_\_ Degree(s) Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

#### **ADDITIONAL INFORMATION**

1. If you are requesting a duplicate Doctor of Medicine diploma due to name change, the original diploma **must** be returned to the Office of the Registrar before issuance of duplicate diploma.
2. All Doctor of Medicine diplomas lost, stolen or destroyed **must** have a notarized statement completed before the order can be processed.
3. The cost for a duplicate diploma is **\$50.00** and must be received with the order.
4. Please make your check payable to UT Southwestern **(NO CASH PLEASE)**
5. Please do not hesitate to contact us at (214 648-3606) if you have not received your diploma within a reasonable amount of time (4 weeks minimum and 6 weeks maximum). Mail completed form and fee to the below address.

**UT Southwestern  
Attn: Ida Willis  
Office of the Registrar  
5323 Harry Hines Blvd.  
Dallas, TX 75390-9096**

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas Southwestern Medical Center to match your request with our student/graduate information. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in our inability to match your request with the correct graduation record. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.