UNIVERSITY OF MARYLAND EASTERN SHORE Office of the Registrar

APPLICATION FOR DUPLICATE DIPLOMA

THIS FORM MUST BE NOTARIZED

I hereby request a duplicate diploma. Enclosed is a check/money order in the amount of \$35.00, made payable to the UNIVERSITY OF MARYLAND EASTERN SHORE. I understand that this duplicate diploma may be issued in the current format and that it will bear the signatures of present university officials. The university reserves the right to request additional information/documentation. This application **must** be typed, notarized and returned to the Office of the Registrar.

Name as it appears on the original diploma:

(First)	(Middle)			(Last)	
Social Security	or ID#	Date o	f Birth	1 1	
School graduated from:	Degree:				
Date of issuance of degree on origina	l diploma: (Mont		(Day)	(Year)	
Please mail my diploma to the follo	wing address:				
Current name if different from above	(First)			(Last)	
(Street)					
(City)	(State)		(Zip Code)	
Signature:		Date:			
	FOR OFFICE	USE ONLY			
Date application & fee received:		Degree Verified			
Approval:		Diploma Ordered			
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