Return completed form to: Registrar's Office PO Box 160114, Orlando, FL 32816-0114 407.823.3100 | registrar@ucf.edu

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## **INFORMATION**

This form must be completed and submitted to order duplicate diplomas. The cost of ordering a duplicate diploma is \$10.00 per diploma. Please enclose a personal check, money order or a cashier's check payable to the University of Central Florida. **Do not send cash**. Duplicate diplomas may take up to four weeks to be processed. During peak times (i.e. post-Commencement) diplomas may take longer than usual. The form **must be notarized**, either before it is mailed or when the form is delivered in-person to the Registrar's Office (MH 161).

PERSONAL INFORMATION		
UCFID or SSN	Name (First, Middle, La	ast)
Print Name as you want it on your diploma	ı	
Telephone	Email Address	@
Address		
City	State	Zip
Degree/Certificate #1		Degree/Certificate #2
Major		Major
Graduation Date (Month & Year)		Graduation Date (Month & Year)
Quantity: 8 ½ " x 11" (certificates	s, associates, bachelors)	Quantity: 8 ½ " x 11" (certificates, associates, bachelors)
11" x 14" (masters or d	loctorate ONLY)	11" x 14" (masters or doctorate ONLY)
☐Summa Cum Laude ☐Magna Cum	Laude	□Summa Cum Laude □Magna Cum Laude □Cum Laude
☐ Honors in the major ☐ University H	onors	☐ Honors in the major ☐ University Honors
	Total Amount England ©	
Total Amount Enclosed \$  I certify that I am the above named person and the above statement is true and accurate to the best of my knowledge.		
,		,
Student Signature		Date
State of		County of
		·
Sworn and subscribed before me this	SO† Date	of,
Notary Signature		
Stamp/Seal of Notary		
		( )personally known ( )provided Identification
		Type of identification provided
REGISTRAR'S OFFICE USE ONLY		
Graduation Verified	Clearance Verified	Amount Date Mailed

Page 1 of 1 Last Revised 7/07/14