



# Diploma Name Request Form

Please use this form to indicate special instructions for the name on your diploma

Please print clearly in all fields below.

<b>CURRENT STUDENTS</b> Complete this form and sign below.			
<i>Your name as it currently appears on your UW record.</i>			
FIRST	MIDDLE	LAST	JR., ETC.
STUDENT NUMBER		DEGREE TITLE	
ANTICIPATED QUARTER OF GRADUATION (SELECT ONE) <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		ANTICIPATED YEAR OF GRADUATION    20 ____ ____	

<b>NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA</b>			
<i>The name on your diploma must include your first and last name as it appears on your UW record.</i>			
FIRST	MIDDLE	LAST	JR., ETC.

<b>SPECIAL INSTRUCTIONS</b>	
<i>Special instructions regarding your name for your diploma (i.e. uppercase and lowercase letters, spacing, accents, periods, etc.)</i>	
EMAIL	PHONE

<b>RETURN THIS FORM TO</b>	
<i>Return this form by the last day of the quarter you plan to graduate by email, fax, mail or in person to:</i>	
UNIVERSITY OF WASHINGTON GRADUATION & ACADEMIC RECORDS BOX 355850 264 SCHMITZ HALL SEATTLE, WA 98195-5850	-or- DIPLOMA@UW.EDU    -or- FAX: (206) 221-4423

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *If submitting this form online, please type your name in the signature line above and check the box below.*  
 By selecting this box, I certify that I am the individual named above.

<b>FOR OFFICE USE ONLY:</b>	
Verified by	Date
Coded SDB <input type="checkbox"/> 335 <input type="checkbox"/> 505	Date
Proofed by	Date
Comments:	