



UNIVERSITY OF GUAM  
UNIBETSEDÂT GUAHAN

Enrollment Management & Student Services

Admissions & Records

## DIPLOMA REPLACEMENT REQUEST

Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name:

LAST	FIRST	MIDDLE	MAIDEN (if applicable)
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Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Degree Earned & Year: \_\_\_\_\_

Major: \_\_\_\_\_

I wish to have my name appear on diploma as:

\_\_\_\_\_

☐ Will pick up or release to: \_\_\_\_\_

☐ Diploma to be mailed to: (additional fees apply):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FEES

**Diploma - \$44.00 Postage - Please contact Admission & Records Office**

Amount Enclosed: \$ \_\_\_\_\_

☐ Check (off-island not accepted)

☐ Money Order

☐ Credit Card Authorization

Amount:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Amount Received:** \_\_\_\_\_ **Receipt No.:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_