UNIVERSITY OF DETROIT MERCY
Office of the Registrar

DIPLOMA ORDER FORM

Reason for Request: **Replacement** □ **Duplicate** □

Full Name as it appears on UDM records:

_____
First Middle Last

NOTE: Your name and degree information will be an exact duplication of the original; however, the names of current University of Detroit Mercy officers will appear.
A change of name requires a copy of proof of legal name change (marriage, divorce, court order) to be supplied with this request. Attach copy.

A re-issue date will appear beneath the original degree conferral date on the replacement diploma.

Date of Degree: _____ Name of Degree Received: _____

Degree From: UDM □ University of Detroit □ Mercy College of Detroit □

Birthdate: _____ Social Security Number: _____

# of copies: ____ Amount Paid: $35.00 ea _____ (Most degrees/certificates, 8.5 x 11 size)
$50.00 ea _____ (**Law/Dental only**, 11 x 14 size)

Credit Card: VISA MC DISCOVER AMEX _____ Exp:_____

Security Code: _____ Zip Code: _____

Current phone: ( ) _____

I will pick up _____ **OR** Please mail to: _____
_____
_____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

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