



# DIPLOMA ORDER FORM

4001 W. McNichols Rd.  
FAC 080  
Detroit, MI 48221

Phone: 313-993-3313  
Fax: 313-993-3317  
Email: registrar@udmercy.edu

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

Full Name as it appears on Detroit Mercy 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.** Please submit with request.

**Check here if requesting diploma printed in new name:**

Birthdate: \_\_\_\_\_ Social Security Number or Student ID: \_\_\_\_\_

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:

University of Detroit Mercy    University of Detroit    Mercy College of Detroit

Diploma cost: **\$35.00** ea for most degrees/certificates 8.5 x 11 size  
**\$50.00** ea for **Law JD/Dental DDS** 11 x 14 size

# of copies requested: \_\_\_\_\_ Current phone: (        ) \_\_\_\_\_

Please mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**If submitting order my mail or fax, please provide the following payment information:**

Total Charge: \_\_\_\_\_  Check  Cash  Credit

Credit Card #:

\_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Order reviewed by: \_\_\_\_\_

Order Processed by: \_\_\_\_\_ Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Total Charge:** \_\_\_\_\_ **Paid:** \_\_\_\_\_

Student Accounting:      Hold: \_\_\_\_\_