

AFFIDAVIT FOR A REPLACEMENT DIPLOMA

I, \_\_\_\_\_ SS# \_\_\_\_\_

(PRINT NAME AS ON ORIGINAL DIPLOMA)

request that a duplicate diploma be ordered to replace my original. I graduated with a Doctor of Medicine degree \_\_\_\_\_

(MONTH, YEAR)

REASON FOR DIPLOMA REISSUE:

- 1. Original damaged ( ) Return all damaged parts with this form.
- 2. Original lost or destroyed ( ) Provide complete details (use additional page if necessary)

Applicant's Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip Code

Phone Number Date

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

Notary My commission expires: \_\_\_\_\_

BE SURE TO INCLUDE:

- ( ) Wallet size photograph
- ( ) Damaged original
- ( ) Check payable to University of Alabama School of Medicine for \$35.00

Reissued diplomas will be ordered at the next scheduled diploma order date. Dates are at the end of spring, summer and fall.

FORWARD ALL ITEMS TO MEDICAL STUDENT SERVICES, ACADEMIC RECORDS OFFICE, MAILING ADDRESS LISTED BELOW.

Medical Student Services, Records Office, VH 100, 1530 3<sup>rd</sup> Avenue South, Birmingham, AL 35294-0019