



Office of the Registrar

**Undergraduate/Graduate (Nursing, DMD, OD)  
Diploma Reorder/Replacement**

Name \_\_\_\_\_ Student Number \_\_\_\_\_  
(Leave blank if you do not know it)

\*\*Name as you wish it to appear on your diploma:

\_\_\_\_\_

Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_  
(Term/year)

Contact phone number \_\_\_\_\_ Email \_\_\_\_\_

Mail diploma to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_ (City) (State) (Zip)

\_\_\_\_\_ Signature Date

Return request to: University Of Alabama at Birmingham  
Office of the Registrar 1605 11<sup>th</sup> Ave South  
Birmingham, Al 35294  
[rstevens@uab.edu](mailto:rstevens@uab.edu); online payment: [www.uab.edu/payfortranscript](http://www.uab.edu/payfortranscript)

**There is a charge of \$15.00 for each Undergraduate diploma and \$25 for each Graduate diploma. Please allow 4-6 weeks for delivery.**

**\*\*All diplomas are reordered with original names. If your name has changed and you want it to appear on your diploma, please provide documentation with your form.**