

*University of Vermont, Office of the Registrar  
360 Waterman Bldg., 85 South Prospect Street  
Burlington, VT 05405*

## REPLACEMENT DIPLOMA ORDER FORM

❖ NAME AS YOU WISH IT TO APPEAR ON THE DIPLOMA:

\_\_\_\_\_

❖ ID NUMBER OR SSN \_\_\_\_\_

❖ DEGREE \_\_\_\_\_

❖ COLLEGE \_\_\_\_\_

❖ DATE OF GRADUATION \_\_\_\_\_

❖ DID YOU RECEIVE HONORS? IF SO PLEASE CHECK:

\_\_\_ CUM LAUDE \_\_\_ MAGNA CUM LAUDE \_\_\_ SUMMA CUM LAUDE

❖ DO YOU WISH TO: \_\_\_ PICK UP YOUR DIPLOMA

\_\_\_ HAVE IT MAILED

❖ PHONE NUMBER \_\_\_\_\_ (required information)

❖ ADDRESS, IF MAILED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE REPLACEMENT FEE IS \$30.00 – PAYMENT MUST BE BY  
CHECK, MONEY ORDER OR CASH. PLEASE MAKE PAYABLE TO  
UNIVERSITY OF VERMONT.**

❖ REASON FOR REPLACEMENT: \_\_\_ CORRECTION

\_\_\_ NEVER RECEIVED \_\_\_ ADDITIONAL COPY

\_\_\_ OTHER \_\_\_\_\_

FOR OFFICE USE ONLY:

PAID \_\_\_\_\_

NO CHARGE \_\_\_\_\_