

Request for Replacement Diploma Form

DIRECTIONS: Complete form and mail with payment to: Student Response Center, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260. For any questions, call (716) 645-2450

1. (Please Print):

First Name	Middle Name	
*Last Name		

**At your last attendance. NOTE: Your name will be printed exactly as it appears on the UB system. If this replacement is due to a name change, you will need to complete and submit a [NAME CHANGE FORM](#) with this form.*

2. UB Identifier Number (Person Number or Social Security Number)	3. Email Address

4. Replacement Diploma Order (\$10.00 per diploma, \$20.00 for a Law Diploma)

Note: Medical students should contact 716-829-2802. Dental students should contact 716-829-2839.

Check one

Certificate
 Associate
 Bachelor
 Master
 Doctorate

Year of Graduation	Major Field	

5. Authorization

I have enclosed a check or money order payable to the "State University of New York at Buffalo".
 I am the owner of the academic records here noted and authorize you to replace my diploma and mail it to me.

Note: *Graduates who owe money to the University at Buffalo are not eligible for receipt of diplomas or transcripts until these obligations are settled.*

Signature of Student: _____ Date: _____

6. Address Information

Delivery Address of Replacement Diploma

First Name		Last Name	
Street	City		
State	Zip or Post Code	Country	