



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 569-3110
Fax: (501) 569-8168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Request for Duplicate Diploma

Date: _____

Student ID: _____ or SSN: _____

Print Name: _____ Phone: _____

Signature: _____ Email: _____

If the name you would like to appear on the diploma has changed since graduation you will need to complete a Name Change form and update your information with the Office of Records and Registration before you complete this form.

Diploma Type(s): [] Associate Major(s): _____ Year(s): _____
[] Bachelors
[] Masters
[] Certificate
[] Doctorate

Please Note: Duplicate diploma requests require a minimum of 2 weeks processing time. In addition there is a \$20 fee per duplicate. All financial obligations to UA Little Rock must be met before diplomas will be issued.

Receipt Number: _____

Delivery Method:

- [] Pick up [] Authorize another person for pick up (Print name): _____
[] Mail (Diploma will be sent here. Please print address)

Street _____ Room/Apt. _____
City _____ State _____ Zip Code _____ Country _____

Office Use Only:
Operator: _____ Date: _____