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Request for Duplicate Diploma

Date:				
Student ID:		or	SSN:	
Print Name:			Phone:	
Signature:		Ema	ail:	
- · · · · · · · · · · · · · · · · · · ·	•	-	ged since graduation you will need to co ce of Records and Registration before yo	
Diploma Type(s): Associate Bachelors Masters Certificate Doctorate			Year(s):	
			ım of 2 weeks processing time. In adıttle Rock must be met before diplom	
Receipt Number:	_			
Delivery Method:				
☐ Pick up ☐ Authorize and	other person fo	or pick up (Prin	nt name):	
■ Mail (Diploma will be sent h	iere. Please pr	int address)		
Street			Room/Apt.	
City State		Zip Code	Country	
Office Use Only:				
Operator: Date:				