

## **DIPLOMA REPLACEMENT REQUEST**

UOG STUDENT ID #:			BIRTHDATE:		
Full	NAME:	First	MIDDLE	Maiden	(IF APPLICABLE)
MAIL	ING ADDRESS:				
Емаі	L:		_ PHONE #: _		
Degr	REE EARNED:		YEAR EAR	NED:	
Majc	DR:				
I wisi	H TO HAVE MY NAME A	PPEAR ON MY DIPLOMA	AS FOLLOWS: (PLE.	ASE PRINT)	
Deliv	VERY:				
	SELF PICK-UP OR MA	Y RELEASE TO:			
	TO BE MAILED (ADDI				
FEES:					
	DIPLOMA - \$100				
	MAIL TO U.S.A AN 735-2928. *Postal rates to international	ID OUTER ISLANDS, PLE.	ASE CONTACT UOC	3's Post Offi	ce at 671-
SIGNATURE:			DATE:		
	AMOUNT RECEIVED:	RECEIPT NO.:	INITIALS:	Date:	
		niversity Drive, Mangilao, Guam ( Institution accredited by the Wes An Equal Opportunity Employ	stern Association of Schoo		Revised 01.25.23 mslg