



Diploma/Certificate Reorder Form

Student Name: _____ **ID #:** _____
(Please print current name on file)

Permanent Address	Phone
Street: _____	Home: (____) _____ - _____
City, State: _____	Work: (____) _____ - _____
Zip: _____	Cell: (____) _____ - _____
E-MAIL: _____	
OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____	
DOB: ____ - ____ - ____ NOTE: UTRGV Official records will <u>not</u> be updated with the contact information listed above.	

Degree/Certificate Awarded: _____ Major Field: _____

Name as it should appear on diploma: _____

Date degree/certificate awarded *(please check one)*:
 Fall Year: _____
 Spring Year: _____
 Summer Year: _____

INDICATE DISTRIBUTION

- Please mail diploma/certificate to: _____
- Please call when the diploma/certificate is ready to be picked up

NOTE: Processing time is approximately 4-6 weeks.

STUDENT SIGNATURE: _____ **DATE:** _____

REGISTRAR USE ONLY: <i>(imaged into student's file when processed):</i>	
Comments: _____ <i>(Explain Any Exceptions)</i>	Received By: _____ <i>(Counter Staff Signature)</i>
Degree: <input type="checkbox"/> Not Found (see Comments above)	Processed By: _____
	Date Processed: _____