

Replacement Diploma Request

Students who wish to request a replacement diploma must complete and sign this form. A replacement diploma may be issued for a deceased student with valid documentation of the student's death. Mail this form with payment of \$25:

University of Maine Machias Registrar's Office 207 Powers Hall Machias, ME 04654

Student Information:			
Last Name:	First Name:		
Student ID Number:	Date of Birth:		
Name at Graduation:			
Degree Information:			
Name as it should appear on the diploma: _			
Degree earned:			
Major(s):			
Date of graduation:			
Contact Information (to mail diploma):			
Mailing Address:			
City:	State:	Zip:	
Telephone number: ()	Email:		
Diploma for Deceased student (include req	uired documentation*):		
Requestor's Name:	Relationship to Student:		
Reason for request:			
* A death certificate and documentation veri form of a birth certificate or a legal documen	nt naming the requestor as the dec		
Signature:	Date:		