Replacement Diploma Request

Mail to:
University of Massachusetts Lowell
Office of the Registrar
883 Broadway Street, Dugan Hall, Room 101
Lowell, MA 01854-5129

*Please print this form and fill in all information.
*Mail completed form to above address with a check for $25.00 made payable to UMass Lowell.
* Please use a separate form for each diploma request.
* All replacement diplomas are University of Massachusetts Lowell diplomas. Replacement diplomas with the name of any predecessor institution are not available.

Name _____ Date _____
first middle maiden last

Name to Appear on Diploma _____
first middle last

Date of Graduation _____

Social Security Number _____

Degree _____ Major _____

☐ Day ☐ Summa Cum Laude

☐ Evening ☐ Magna Cum Laude

☐ Graduate ☐ Cum Laude

Mail Diploma to:

Street _____

City _____ State _____ Zip code _____

Daytime Phone _____

Work Phone _____

Email Address _____

For office use only. Do not write below this line.

Date Mailed _____