

## REPLACEMENT DIPLOMA REQUEST

OFFICE OF THE REGISTRAR  
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10  
LOWELL, MA 01854

phone: 978-934-2550  
fax: 978-934-4076  
email: [registrar@uml.edu](mailto:registrar@uml.edu)

Last Name  First Name  MI

SIS ID/SS#  Telephone  Email

Name During Attendance

Name To Be Printed On Diploma

Degree Earned

Major  Date Of Graduation

### Mail Diploma to:

Name

Address 1

Address 2

City  State  Zip Code

Country

Date

\_\_\_\_\_  
Student Signature

### Notes:

1. Mail completed form to above address with a check for \$25.00 made payable to UMass Lowell.
2. Please use a separate form for each diploma request.
3. All replacement diplomas are University of Massachusetts Lowell diplomas. Replacement diplomas with the name of any predecessor institution are not available.
4. Please allow 1-2 weeks for processing.

### ***For Office Use Only:***

Doc Type: Diploma Replacement

Processor Name  Imager Name  Effective Term

Date  Date  Verifier 1 Name

Verifier 2 Name