

# Replacement Diploma Request Form



UNIVERSITY of WISCONSIN  
**GREEN BAY**

Mail or bring  
this form to:

University of Wisconsin-Green Bay  
Attn: Registrar's Office - Diploma  
2420 Nicolet Drive  
Green Bay WI 54311-7001

\$20.00 each

Number of Copies:

Please! Print clearly.

Today's Date

Name

at graduation:

(last)

(maiden)

(first)

(initial)

Name you want  
on diploma:

Email:

Student Signature

Campus or Social Security Number

Date of Birth

Telephone Number

Approx. date of graduation

MAIL DIPLOMA TO:

**Enclose check/money order made payable to: UW-Green Bay**

***For your protection do not mail cash***

Contact the Registrar's Office with questions: 920-465-2059  
email: nelsonc@uwgb.edu

For Office Use Only	
Holds checked:	_____
Amount Paid:	_____
Date mailed:	_____
9300 136 143500 0	
Registrar's Office: make copy for imaging	

Requests usually processed within 5 business days of receipt of payment