

Replacement Diploma Request			
Date	NU ID or last 4 digits of SSN	Birthdate _	
Please print full name	as it appears on original diploma		
First Name	Middle Name	Last Name	
Degree Earned	Major	Date Degree Awa	ırded
Reason for Applice	ation		
Original diplome	a has been lost or destroyed		
Please print your r	name as you wish it to appear on your diploma:		
First Name	Middle Name	Last Name	
Please send the di	ploma to the following address:	State	Zip Code
			·
First Name	Middle Name	Last Name	
Phone Number	Email Address		
	e replacement diploma will bear the signatures of the current o	officials of the state and the Univ	ersity. I hereby
certify that the inform	mation provided is true and correct.		
Signature		Date	

Instructions

- 1. The replacement diploma fee is \$30.00. Submit completed form(s) and check, payable to the University of Nebraska Omaha, to the Office of the University Registrar, 6101 University Drive North, Eppley 105, Omaha NE 68182
- 2. Diplomas are ordered at the beginning of the month. Allow one month for delivery of replacement diploma.
- 3. University financial obligations must be paid before your diploma can be issued. If you have a financial hold, please contact the Cashiering/Student Accounts office by phone at 402-554-2324 or by email at unocsa@unomaha.edu.



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