Diploma Replacement Request

University of Arkansas for Medical Sciences
Office of the University Registrar
4301 W. Markham, #767
Little Rock, AR 72205
Phone: 501-526-5600; Fax: 501-526-3220
Email: Commencement@uams.edu

Student Information

Name on Original Diploma: _____

Date of Birth: _____ Academic Program/College*: _____

Year Graduated: _____ UAMS ID Number (if known): _____

Type of Diploma Requested:

- Electronic PDF Only
- Electronic PDF and Printed Paper

Reason for Replacement Request: _____

_____

Name to Appear on Replacement Diploma**: _____

** The College of Medicine requires return of the original, damaged diploma before a replacement can be issued. Please include the original document with your request OR provide a written, signed statement explaining why the original document is not available.*

*** If your requested diploma name for the replacement document is different from the original name or the legal name on file at UAMS, you must provide documentation of a legal name change, including a copy of your Social Security Card and a copy of another government-issued ID, such as a driver's license. Your legal name will be updated in the UAMS student information system.*

Contact and Delivery Information

Complete contact information, including mailing address, email and phone number, are required for all diploma reprint requests. All printed diplomas are mailed directly from our diploma printing partner and are not available for in-person pick-up. Printed diplomas require 6-8 weeks for processing, printing and mailing after receipt of a request. Electronic diplomas are generally ready within 1-2 weeks of receipt of request. International mailing may incur fees.

Phone Number: _____ Email Address: _____

Mailing Address (Street or P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Certification and Signature

Diploma reprint requests may only be requested directly by the student. By signing below, I certify that the information above is true and accurate, and that I am the named student.

Signature: _____ Date: _____

OFFICE USE ONLY: Date Received: _____ Received by: _____
Date Processed: _____