



Request for Replacement or Additional Diploma

Complete this form and return it to the Office of Academic and Student Affairs, School of Dental Medicine, 315 Squire Hall, Buffalo, NY 14214. Any questions, please call (716) 829-2839.

First Name _____ Middle Name _____

Last Name _____

Please note: your name will be printed exactly as it appears in the UB System. If this replacement is due to a name change, a name change form must be completed and submitted with this form.

Person Number or Date of Birth _____

Email address _____

Replacement Diploma Order (\$10.00 for a small diploma (9 ¾ x 12 ½ in)
(\$20.00 for large diploma (16 x 21 in)

Check one: _____ D.D.S. degree - Year of Graduation _____

_____ Master's degree - Major Field _____

If ordering more than one diploma, indicate how many _____

I am the owner of the academic records here noted and authorize you to replace my diploma and mail it to me. Please forward my diploma to:

Name (if different than above) _____

Street _____

City _____ State _____ Zip _____

Signature _____ Date _____