



UNIVERSITY of HAWAII

HILO

REQUEST FOR REPLACEMENT/ADDITIONAL DIPLOMAS

FOR CASHIER'S OFFICE USE ONLY: Cashier: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

VISA / MC / CC Other / MO / Cash / Check #: \_\_\_\_\_

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: [uhhro@hawaii.edu](mailto:uhhro@hawaii.edu)

- There is a \$15.00 non-refundable fee which includes one diploma in both English and Hawaiian per certificate/degree requested. Only one diploma cover provided.
• Submit completed form with non-refundable processing fee to the UH Hilo Cashier's Office
• Please note that we may not be able to provide an exact replication of your original diploma
• Replacement diplomas will have the word "DUPLICATE" engraved on them. Replacement diplomas are diplomas ordered outside/after your graduation semester.
• Additional diplomas are additional copies of your diploma ordered during your graduation semester
• See http://hilo.hawaii.edu/registrar/GraduationInfo.php#OfficialDiploma for diploma distribution dates
• The name that will be printed on the Replacement/Additional diploma will be the name under which you completed your degree requirements. You may order your Replacement/Additional diploma with your new legal name, provided that you submit the Change of Name/Preferred Name Request Form along with two legal documents stating the name change. Form is available online at https://hilo.hawaii.edu/registrar/documents/UHNameChange-PreferredNameForm.pdf.
• Hawaiian language diplomas are available for ordering effective Spring 1995.

SECTION I: Type and Amount of Diploma(s) Requesting:

Table with 5 columns: Degree, Major (List Major), Enter Quantity of Diploma Requesting Below (English, Hawaiian), Unit Price (\$15 per diploma), Total Amount (Diploma Quantity x Unit Price). Rows include BA, BS, BBA, Certificate Program, Master's Program, and Doctoral Program, plus a Total Cost row.

Graduation Semester: ( ) Fall ( ) Spring ( ) Summer Year: 20\_\_\_\_

( ) Please mail diploma to the mailing address below:

SECTION II: Student Information

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Nation: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE OF THE REGISTRAR USE ONLY:

SOAHOLD ( ) SHADGMQ ( ) SHADIPL ( ) Log ( ) Initials: \_\_\_\_\_ Date: \_\_\_\_\_