

Request for Replacement or Duplicate Diploma/Certificate

Office of Academic Affairs

Replacement and duplicate diploma/certificate are ordered the first week of each month. Please send this completed form and payment to the address at the bottom of the page. Diplomas/Certificates will be received in the mail approximately 3 weeks after the order has been submitted.

Please provide the following information:

1) Name as you wish it to appear on the diploma/certificate:

2) Graduation name, if different from above:

3) Social Security Number:

Last 6 digits only

4) Graduation year: _____

Class:

DDS

AEGD - Certificate

Ortho - MS

IDS

OS - Certificate

Ortho - Certificate

5) Check one:

replacement

duplicate

6) Name and address to mail diploma/certificate to:

Name

Address

City, State, Zip Code

Please include a check for \$50.00 for each diploma/certificate payable to University of the Pacific with this form.

Signature: _____

Date: _____

Preferred Contact Mode:

Email Address: _____

Phone Number: (_____) _____

As of July 2009: diploma size is 11" X 14"
certificate size is 8 1/2" X 11"

Please check for Expedited service.

Additional cost:

certificates: \$32.00 each; diplomas: \$50.00 each

Please send this completed form and a check to:

University of the Pacific Arthur A. Dugoni School of Dentistry
Office of Academic Affairs
155 Fifth Street
San Francisco, CA 94103

If you have any questions, please contact the Office of Academic Affairs:
Telephone: 415-929-6436 Email: dental.academicaaffairs@pacific.edu

06/18/14