



Diploma Name Request Form

Please use this form to indicate special instructions for the name on your diploma

Please print clearly in all fields below.

CURRENT STUDENTS Complete this form and sign below.			
<i>Your name as it currently appears on your UW record.</i>			
FIRST	MIDDLE	LAST	JR., ETC.
STUDENT NUMBER		DEGREE TITLE	
ANTICIPATED QUARTER OF GRADUATION (SELECT ONE) <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		ANTICIPATED YEAR OF GRADUATION 20 ____ ____	

NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA			
<i>The name on your diploma must include your first and last name as it appears on your UW record.</i>			
FIRST	MIDDLE	LAST	JR., ETC.

SPECIAL INSTRUCTIONS	
<i>Special instructions regarding your name for your diploma (i.e. uppercase and lowercase letters, spacing, accents, periods, etc.)</i>	
EMAIL	PHONE

RETURN THIS FORM TO	
<i>Return this form by the last day of the quarter you plan to graduate by email, fax, mail or in person to:</i>	
UNIVERSITY OF WASHINGTON GRADUATION & ACADEMIC RECORDS BOX 355850 264 SCHMITZ HALL SEATTLE, WA 98195-5850	-or- DIPLOMA@UW.EDU -or- FAX: (206) 221-4423

Student's Signature _____ Date _____

NOTE: *If submitting this form online, please type your name in the signature line above and check the box below.*
 By selecting this box, I certify that I am the individual named above.

FOR OFFICE USE ONLY:	
Verified by	Date
Coded SDB <input type="checkbox"/> 335 <input type="checkbox"/> 505	Date
Proofed by	Date
Comments:	