

Replacement Diploma Request

Note: An official transcript is usually sufficient to prove degree completion in the United States. If you are planning to work overseas you will likely need a diploma or copy for the apostille process.

Personal Information			
Current Name:			
Former Name(s), if applicable	:		
Phone Number:	Email:		
UPSID (if known):	Date of Birth:	Year of Graduation:	
•	nder which you attended Puget Sound, unless other le a copy of your driver's license or court ordered no pplicable):		w name on your
First	Middle	Last	Suffix
Mailing Information			
Street Address:			
City:	State:	Zip Code:	
	A):		
Payment Information	-0		
·	50 and are processed upon receipt of payn	nent. Please select an option:	
☐ I am mailing a checl	к. ecks payable to University of Puget Sound.	Mail to:	
Check Number:		Office of the Registrar	
Circ		1500 N Warner St, CMB 1034	
		Tacoma, WA 98416-1034	
☐ Please charge my cr	redit card:		
Full Name on Ca	rd:		
Billing Addre			
Card Numb	er:		
Expiration Date: S		Security Code (on back of card):	
Authorization			
		Date	
Signature:		Date:	

For questions about replacement diplomas, please contact Krista M. Johnson in the Office of the Registrar at (253) 879-2595 or registrar@pugetsound.edu.