

Office of the Registrar
The University of Texas Health Science Center at San Antonio

REQUEST FOR DUPLICATE DIPLOMA OR CERTIFICATE

On the line below, print the FULL NAME under which you were registered at UTHSCSA at the time of graduation.

(First) (Middle) (Last)

Date of Birth: ____ / ____ / ____ *Social Security No.: _____
Mo. Day Yr.

*Disclosure of your social security number (SSN) is required of you in order for The University of Texas Health Science Center at San Antonio to provide certain services. Student SSNs are maintained and used by the University for financial aid, internal verification, enrollment and degree verifications to external agencies, administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of student records is protected by law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law. In accordance with Section 559.003(a) of the Texas Government Code, with few exceptions, the individual is entitled on request to be informed about the information that the institution collects about the individual; under Sections 552.021 and 552.023 to receive and review the information; and under Section 559.004 to have the institution correct information about the individual that is incorrect.

On the line below, print your name exactly as it was printed on your original diploma/certificate **if different from above**.

(First) (Middle) (Last)

On the line below, print your name exactly as you wish it to appear on the duplicate diploma/certificate **if different from the original name directly above**.

(First) (Middle) (Last)

Degree or Certificate Earned: _____ Date _____

School of _____ of The University of Texas Health Science Center at San Antonio

If this order is for a diploma/certificate bearing **a name different from the one on your original diploma**, please follow the steps listed below:

1. Return the original diploma/certificate with this request or provide an explanation of why you cannot do so on the lines below. (Example: *Diploma was lost, stolen, destroyed, etc.*)

2. Submit one of the following documents indicating the reason for the change of name on your diploma/certificate:
- A. A certified copy of your marriage license which verifies your legal name change or an affidavit attesting to the marriage event; or
 - B. A certified copy of the judgement or divorce with a "raised seal" indicating restoration of your maiden name; or
 - C. A certified copy of any other official document which attests to the legal changing of your name.

THE ABOVE IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE

Signed Date

A check or money order payable to UTHSCSA must accompany this order.

- \$50 for the diploma/certificate.
- \$125 for a diploma/certificate produced on a "rush" basis. Allow a minimum of 30 days for delivery.

NOTE: Duplicate diplomas/certificates will bear the signature of *current* university officials and a notation that this is a duplicate.

This duplicate diploma should be mailed to: _____
Name

Street Address

City State Zip

Above address should be applicable to projected delivery date.

Phone: _____ Email: _____

Mail this form to:
**REGISTRAR
UT HEALTH SCIENCE CENTER AT SAN ANTONIO
7703 FLOYD CURL DRIVE – MSC 7702
SAN ANTONIO, TX 78229-3900**