



UNIVERSITY OF WASHINGTON

DIPLOMA NAME REQUEST FORM

GRADUATION AND ACADEMIC RECORDS OFFICE

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

Current Students: Complete this form and sign below. *PLEASE PRINT CLEARLY.*

Your name as it currently appears on your UW record:			
First	Middle	Last	Jr., etc.
Student Number	Degree Title	College	
Anticipated Quarter of Graduation (<i>select one</i>)		Anticipated Year of Graduation	
<input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		20____	

NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

The name on your diploma must include your legal first and last name. PLEASE PRINT CLEARLY.

Name:			
First	Middle	Last	Jr., etc.

SPECIAL INSTRUCTIONS

Special instructions regarding your name for your diploma (i.e. uppercase and lowercase letters, spacing, accents, periods, etc.)

Email	Phone
-------	-------

Student's signature _____	Date _____
---------------------------	------------

RETURN THIS FORM TO:

Return this form by the last day of the quarter you plan to graduate to:

University of Washington
 Graduation & Academic Records
 Box 355850
 264 Schmitz Hall
 Seattle, WA 98195-5850

FOR OFFICE USE ONLY:

Verified by	Date diploma ordered
Coded SDB <input type="checkbox"/> 335 <input type="checkbox"/> 505	Date
Proofed by	Graduation Date
Comments:	Date