

**University of Mobile**  
**Diploma Replacement Order Form**

Name(s) while attending University of Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last four digits of Social Security # or Student I.D. #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name as you wish it to appear on your diploma (Please print clearly):

\_\_\_\_\_

**Will you pick up your diploma or have it mailed? (Check One):**

**Pick-up (Note: Our office will contact you via email or phone when your diploma is completed)**

**Mail (Note: Your diploma will be delivered through USPS certified mail. Please plan to have someone present at your address to sign and accept the package. The length of time for the arrival of your diploma will vary.)**

**Mail or fax the completed form to:**  
**University of Mobile Registrar's Office**

**5735 College Parkway Mobile, AL 36613**  
**Fax: (251) 442-2505 Phone: (251) 442-2541**