

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