



Diploma Request Form

Last name: _____ First name: _____ MI: ____

Date of birth: _____ (mm/dd/yyyy) Previous name: _____

Reason for replacement: Lost Stolen Damaged Name change:

Name as it should appear on your diploma (please print legibly):

School: _____ Degree: _____ Award Date: _____

Email address: _____

Mailing address (where your diploma will be sent):

Street: _____

City: _____

State: _____

Zip Code: _____

Signature: _____

Date: _____

Method of payment: Check

Please make the check payable to **Framing Success, Inc.** in the amount of **\$21.00 (per diploma.)** Your original diploma must be returned prior to processing. Please mail this form, your check and diploma to:

Uniformed Services University
Attn: Office of the University Registrar
Room A1041
4301 Jones Bridge Road
Bethesda, Maryland 20814

All requests must be signed and dated. Normal processing time is approximately 30 days.

Please do not hesitate to contact the Registrar's Office at registrar@usuhs.edu should you have any questions.