

**THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
SOUTHWESTERN GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
SOUTHWESTERN MEDICAL SCHOOL
SOUTHWESTERN SCHOOL OF HEALTH PROFESSIONS
(FORMERLY SOUTHWESTERN ALLIED HEALTH SCIENCES SCHOOL)
PETER O'DONNELL JR. SCHOOL OF PUBLIC HEALTH**

DIPLOMA REPLACEMENT *(original diploma has been damaged, lost, destroyed or stolen)*

To obtain a replacement diploma, please complete the form below and mail it to the address provided. Upon receipt of and confirmation of the information provided, an email will be sent to your provided email address that will contain a link to pay the fee. The fee of \$85.00 is required to process a request for any replacement diploma or certificate. A replacement diploma or certificate will bear the current names of the officials in office at the time the replacement diploma is produced.

Date of Birth: ____/____/____

Official name while enrolled at UT Southwestern: _____

Print your name exactly as it should appear on the Diploma (include punctuation)

Current Mailing Address: _____ City _____ State _____ Zip Code _____

Telephone: _____ Email Address: _____

Doctor of	Master of	Master of	
<input type="checkbox"/> Medicine <input type="checkbox"/> Philosophy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Applied Clinical Research	<input type="checkbox"/> Science <input type="checkbox"/> Science Clinical Sciences <input type="checkbox"/> Clinical Nutrition <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Public Health	<input type="checkbox"/> Physician Assistant Studies <input type="checkbox"/> Clinical Rehabilitation Counseling <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Prosthetics and Orthotics <input type="checkbox"/> Health Informatics	<input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Certificate

Date original degree/certificate was awarded: _____

Original Diploma was: Damaged Lost Destroyed Stolen

NOTARY STATEMENT – LOSS OF DIPLOMA

State of _____

County of _____

Before me, the undersigned authority, a Notary Public in and for _____ County, State of _____ personally appeared _____ known to me, and who, after being duly sworn, deposes and states that the original diploma awarded by The University of Texas Southwestern Medical Center dated _____ has been lost, stolen or destroyed on or about the _____ day of _____ in the year _____ under the following condition _____ and further states that he existence or whereabouts of the original diploma is not known.

Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

Notary Signature

Expiration

DIPLOMA REPLACEMENT

Name: _____

ADDITIONAL INFORMATION

1. If you are requesting a replacement diploma due to damage, please return the original diploma to the Office of the Registrar. Once the original diploma is received, we will issue a replacement.
2. All requests for lost, stolen or destroyed diplomas must complete the Notary Statement.
3. The cost of a replacement is \$85.00.
4. Upon receipt of this form, confirmation of the information provided, and completion of payment via a link emailed to the requester, an order for a diploma reprint will be submitted to the applicable 3rd party service provider.

Do not hesitate to contact us at (214 648-3606) if you have not received your diploma within a reasonable amount of time (8 weeks minimum).

Mail this form, damaged diploma (if applicable) to:

UT Southwestern
Attn: Office of the Registrar
5323 Harry Hines Blvd.
Dallas, TX 75390-9096