

**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)**

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

To obtain a replacement diploma, please complete the form below and enclose the appropriate diploma replacement fee. A fee of \$50.00 is required to process this request for Ph.D., M.D., D.P.T. and Masters graduates. A fee of \$40.00 is required for Bachelors graduates and Certificate completers. A replacement diploma or certificate will bear the current names of the officials in office at the time the **replacement diploma** is produced. Please fill out this form completely and mail to address provided on page two.

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: \_\_\_\_\_

Degree(s) Received:

Doctor of	Master of	Master of	Bachelor of
<input type="checkbox"/> Medicine	<input type="checkbox"/> Science	<input type="checkbox"/> Physician Assistant Studies	<input type="checkbox"/> Science
<input type="checkbox"/> Philosophy	<input type="checkbox"/> Science Clinical Sciences	<input type="checkbox"/> Clinical Rehabilitation Counseling	
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Radiation Therapy	
	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Prosthetics and Orthotics	<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 the 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 Enrollment Services. 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 for a replacement Doctor of Medicine, Doctor of Philosophy or Masters Diploma is **\$50.00** and must be received with the order.
- 4. The cost for a replacement Bachelors Diploma or Certificate is **\$40.00** and must be received with the order.

Do not hesitate to contact us at (214 648-3606) if you have not received your diploma within a reasonable amount of time (6 weeks minimum).

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

**UT Southwestern**  
**Attn: Adena Truett**  
**Office of Enrollment Services**  
**5323 Harry Hines Blvd.**  
**Dallas, TX 75390-9096**

**Payment Information**

Check enclosed (payable to UT Southwestern)

Or

Visa  MasterCard -- Card number: \_\_\_\_\_

Verification Code for Visa and MasterCard: \_\_\_\_\_ (Located on the back of the credit card - three digits)

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.