



OFFICE OF THE REGISTRAR
REQUEST FOR REPLACEMENT/DUPLICATE DIPLOMA

You must print the form and follow the directions below. Leaving requested information BLANK will result in processing delays. Duplicate diplomas may not be purchased at the time of graduation. Please allow up to 5 weeks for processing.

COST: \$150 (Make check or money order payable to BCM) Cash & Credit Card payments are NOT accepted.

STUDENT INFORMATION (Please Print)
Name, BCM ID, Mailing Address, City, State, Zip Code, Date of Birth, Telephone Number, Email Address

REASON FOR DIPLOMA REQUEST
Lost, Damaged, Name Change, Other: (please specify)
Name (Please PRINT your name EXACTLY as it should appear on your diploma)
First, Middle, Last

**Your name will be printed as listed on your academic record at time of attendance, if name has changed a Data Change Form AND Proper Documentation MUST be provided in order to print a new diploma with your new name.

DEGREE EARNED
Medical School, Graduate School, School of Health Professions
M.D., Ph.D., M.S. (Nurse Anesthesia), M.S. (Physician Assistant), D.N.P. (Nurse Anesthesia), M.S. (Orthotics & Prosthetics)
Date of Graduation (MM/YYYY)

***The signatures on a replacement/duplicate diploma will be the officials who currently hold these positions and may not be the same as your original.

HANDLING INFORMATION (Please Print)
HOLD for pickup. (You will receive an email/phone call when your diploma is ready for pickup)
Please MAIL to the Following Address:

SIGNATURE & NOTARY
Signature: _____ Date: _____
(Sign in the PRESENCE of a Notary)

THIS DOCUMENT MUST BE NOTARIZED (Verification of Graduate's Signature/Identity REQUIRED)
Notary Seal

Signature of Notary Public

Commission Expiration Date

Submit Completed Request & Check or Money Order to:

Baylor College of Medicine, Office of the Registrar
One Baylor Plaza | Mail Stop: BCM365 | Houston, TX 77030
Phone: (713) 798-7766 | Fax: (713) 798-1518 | Email: registrar@bcm.edu

FOR OFFICE USE ONLY

Received Date/Initials: _____ Student Initials if Picked Up: _____
Processed Date/Initials: _____ Date: _____