



University of California, Davis  
Office of the University Registrar

**Diploma Mailing Form**

One Shields Avenue, Davis, CA 95616-8692 / Information: (530) 752-3639 / Fax: (530) 752-6906

Complete this form and return it, with fee, to the Cashier's Office, in 1200 Dutton Hall, or by mail to the Cashier's Office, University of California Davis, PO Box 989062, West Sacramento, CA 95798-9062. Make fee payable to UC Regents. Diplomas will be available four months after the end of the term. Notify the Office of the University Registrar of any changes to your address. If there are any outstanding balances on your account, your diploma will be held until your bill is paid. Contact Student Accounting at (530) 752-3646 for more information about your hold. *If it has been over three years since you graduated, please contact the Office of the University Registrar's office before submitting this form.*

**Diploma mailing fees:**

**Undergraduate/Graduate Diplomas**

Domestic mail \$5.50  
International mail \$14.00

**Professional (Law, Medicine, Veterinary Medicine) Diplomas**

Domestic mail \$9.00  
International mail \$14.50

**Personal Information**

Student ID Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Degree Information**

<input type="checkbox"/> A.B.	<input type="checkbox"/> M.A.	Graduation date:	<input type="checkbox"/> Spring (June)	<input type="checkbox"/> Spring Semester (May)
<input type="checkbox"/> B.S.	<input type="checkbox"/> M.S.		<input type="checkbox"/> Fall (December)	<input type="checkbox"/> Summer (September)
<input type="checkbox"/> B.A.S.	<input type="checkbox"/> Ph.D.		<input type="checkbox"/> Winter (March)	Year _____
<input type="checkbox"/> Other				

I certify that I am the above named person and the information I have provided is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Paid by:  Check  Money order  
 MasterCard  Visa  Discover Credit card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on credit card \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only**

Keyed by \_\_\_\_\_ Date \_\_\_\_\_

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