



UNIVERSITY OF WASHINGTON  
**CERTIFICATE REPLACEMENT FORM**  
 MEDEX NORTHWEST

Complete this form and sign below. Please print clearly.

|  |  |   |  |                 |  |               |  |             |  |
|--|--|---|--|-----------------|--|---------------|--|-------------|--|
| Legal name of student (First)  |  |   |  | (Middle)        |  | (Last)        |  | (Jr., etc.) |  |
| Student Number   |  | Social Security Number (optional — used to verify the correct record) |  |                 | If attended UW prior to 1983 Birthdate (Mo., Dy., Yr.) |               |  |             |  |
| Graduation Date  |  | Degree Earned (IF APPLICABLE)   |  | Campus Location |  | Cohort Number |  |             |  |
| Name as you wish it to appear on your certificate (indicate hyphens, middle name or middle initials, accents, or capitalization) |  |   |  |                 |  |               |  |             |  |

**Note: The name on your certificate must include your legal first and last name.** If the name you want on your diploma does not match the name on your official transcript, you must submit a copy of one of the following legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security Card. (Exception: expanding or shortening your middle name requires no

**MAIL MY CERTIFICATE TO:**

|  |  |   |
|--|--|---|
| Name (If different than above)               |  |   |
| Street                                       |  |   |
| City   | State  | Zip   |
| Country (not required if mailed inside U.S.) | <input type="checkbox"/> Please update my Permanent Mailing Address to the address listed. | <input type="checkbox"/> I certify that the information submitted in this request is true and correct to the best of my knowledge. I further understand that any false statements may result in a denial until MEDEX Northwest. |
|  |  |   |

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**RETURN THIS FORM TO:**

University of Washington  
 MEDEX NORTHWEST  
 4311 11th Ave NE  
 Suite 200  
 Seattle, WA 98125

Email: medxvrfy@uw.edu Phone: 206.616.4001

**FOR OFFICE USE ONLY**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_