

# S.A.K.E. DUPLICATE DIPLOMA REQUEST FORM

S.A.K.E. \* Business Building, Room 402 \* 1 University of Arkansas \* Fayetteville, AR 72701

Local: (479) 575-5396 \* Toll Free: 1-888-750-7253

Fax: (479) 575-2534

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## AUTHORIZATION FORM

*\*Required Information*

\*Graduate's Name (please print as it appears on diploma)

Maiden Name or Other Name Used During Attendance

\*Student ID # or SSN if No ID Available

Date of Birth (MM/DD/YYYY)

\*Degree/Major Received (e.g. B.S.B.A. Accounting)

College

thru

Dates of Attendance (MM/YYYY thru MM/YYYY)

\*Date of Graduation

Honors Received

I, \_\_\_\_\_, hereby authorize the Registrar's office to release a copy of my diploma to an agent of S.A.K.E.

\_\_\_\_\_  
Graduate's Signature

\_\_\_\_\_  
Date

*NOTE: Diploma duplication takes approximately six weeks, or up to twelve weeks after graduation.*