



DIPLOMA RE-ORDER FORM

Office of the Registrar
 Mail Stop 4005, 3901 Rainbow Boulevard
 Kansas City, KS 66160-7191
 PHONE: 913-588-7055 FAX: 913-588-8841
 kumcregistrar@kumc.edu

Print Name _____

Student ID: _____ DOB: _____

Print Official Name for Diploma

First

Middle

Last Name

*To change your name we need one form of ID attached to the request. Documentation may include a copy of the following: driver's license, marriage license, court order, or social security card.

Degree Received: _____ Year Degree Received _____

Phone # (_____) _____

Mailing Address

Signature _____ Date _____

Mailing Option		Amount
<input type="checkbox"/>	Pickup in G035 Dykes Library	\$10
<input type="checkbox"/>	Domestic Mail	\$20
<input type="checkbox"/>	Certified Domestic Mail	\$25
<input type="checkbox"/>	Certified International Mail	\$35

Payment Options

Check or Money Order Visa MasterCard

Credit Card Number _____

Security Code ___ ___ ___ Expiration Date ___/___/___ Zip Code ___ ___ ___ ___

Name on Card _____

Signature _____

Office Use Only

Date Received:

Payment Processed:

By: