



## DIPLOMA RE-ORDER FORM

Office of the Registrar  
 Mail Stop 4029, 3901 Rainbow Boulevard  
 Kansas City, KS 66160-7191  
 PHONE: 913-588-1048 FAX: 913-588-4697

Print Name \_\_\_\_\_

Student ID: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_\_

Print Official Name for Diploma

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First Middle Last Name

\*To change your name we need two forms 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 3001 Student Center	\$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 \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

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### Office Use Only

Date Received:  
 Payment Processed:

Time Received:

By: