

Date Received:

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

By:

kumcregistrar@kumc.edu

Print Name				
Stude	ent ID:	DOB:	Other Name:	
Print Official Name for Diploma				
	First change your name we need one form owing: driver's license, marriage licens		Last Name request. Documentation may include a copy of the ial security card.	
Degree Received:		Yea	Year Degree Received	
Phone	e # ()			
Maili	ng Address			
Signature Date				
Maili	ing Option		Amount	
	Pickup in G035 Dykes Library		\$10	
	Domestic Mail Certified Domestic Mail		\$20	
	Certified Domestic Mail Certified International Mail		\$25 \$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				

Payment Processed: