



**INTERNATIONAL DIPLOMA
MAILING FORM**

Office of the Registrar
3901 Rainbow Blvd, MS 4005
Kansas City, KS 66160
PHONE: 913-588-7055 FAX: 913-588-8841

Print Name _____

Student ID: _____ DOB: _____

Graduation Semester _____

Mailing Address

Country _____

Signature _____ Date _____

There is a \$25 fee to mail the diploma internationally.

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: