

OFFICE USE ONLY		
Date Rec'd		
Amt. Due	Check #	
Processed		
Ву		

Duplicate Diploma Request Office of the Registrar • 1750 Independence Ave., Kansas City, MO 64106 • p. 816.654.7190 • f. 816.654.7191 • registrar@kansascity.edu

Please complete, sign, and return this form with payment to the Office of the Registrar. Please note:

- The duplicate/replacement diploma charge is \$150. ٠
- "Duplicate" will be printed on the bottom right-hand corner of the diploma. ٠
- No diploma will be issued for a student whose financial obligations to the University have not been satisfied. ٠
- Processing time for duplicate/replacement diplomas is typically 6-8 weeks. •

Student Information

Name Former Name			
SSN# Last four digits	DOB	Student ID	
Graduation Year	Program:	Can	npus: 🗌 Kansas City 🛛 Joplin
Address		City	State Zip
Email		Phone	
*In lieu of a student ID numer, grac reference number for their diploma	5	A ID number or other profess	ional organization ID to use as a
Request			
If no, please list your original gra	duation name		graduated? Yes No
If no, please list your original gra Replacement or Duplicate A valid form of identification			
 Replacement or Duplicate A valid form of identification Replacement Diploma with For name change requests, 	Diploma must be submitted to reprint or re h Name Change please provide the information re e. Acceptable documentation inc	eissue a diploma, even withou equested below. Additionally	
 Replacement or Duplicate A valid form of identification Replacement Diploma with For name change requests, diploma with a name chang certificate, divorce decree, or 	Diploma must be submitted to reprint or re h Name Change please provide the information re e. Acceptable documentation inc	eissue a diploma, even withou equested below. Additionally cludes a signed social securit	ut a name change. r, documentation is required to issue a y card with new name AND a marriage

ayment must accompany request. Make payable аунн

Personal Check	Cashier's Check	Money Order
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