

**Request for
Replacement Diploma**



Name: _____

Address: _____

Phone Number: _____ Email: _____

Social Security # or Student Number: _____ Birth Date: _____

Date of Graduation: _____ Degree Received: _____

ORIGINAL DIPLOMA INFORMATION

Please **print** your name exactly as it appeared on your original diploma.

First	Middle	Maiden	Last
-------	--------	--------	------

REPLACEMENT DIPLOMA INFORMATION

Please print your name exactly as you want it to appear on your replacement diploma. If your name has changed since your degree was awarded, and you wish to have your current name printed on the diploma, you must attach proof that your name has legally changed.

First	Middle	Maiden	Last
-------	--------	--------	------

PAYMENT INSTRUCTIONS

Send this form, along with a **check or money order for \$40.00** (payable Truman State University) to the following address:

Registrar's Office
Truman State University
100 East Normal Avenue
Kirksville, MO 63501-4221

For **expedited mailing requests in the U.S. (after the 4 to 6 weeks processing time)**, please enclose an additional \$25.00 to cover overnight mail charges. Additional charges may apply for international requests - contact the Registrar's Office for the estimated amount.

Please allow between four and six weeks for processing.

<p>For Office Use Only</p> <p>Received: _____ Processed: _____</p>
