

REQUEST FOR REPLACEMENT DIPLOMA

Name: _____

Address: _____

Phone: _____ E-mail: _____

Social Security #: _____ 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 if 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 E. Normal
Kirksville, MO 63501-4221

For **expedited requests**, please enclose an additional \$25.00 to cover overnight mail charges. Additional charges may apply for international requests.