

A.T. STILL UNIVERSITY | ATSU

**Diploma Replacement or Duplicate Request Form**

Office of the Registrar  
800 W. Jefferson Street  
Kirksville, MO 63501  
Phone: 660.626.2356  
Fax: 888.676.6701  
[registrarsoffice@atsu.edu](mailto:registrarsoffice@atsu.edu)

This diploma request, including your signature, and a payment of \$50 (per diploma) must be submitted to the Registrar’s Office **before your diploma can be ordered**. Payment may be made by check to A.T. Still University. Please allow up to 6-8 weeks for delivery.

**Is this request due to a legal change of name? \_\_\_ Yes \_\_\_ No**

***\*\*If your name has changed since receiving your original diploma, your request must be accompanied by legal documentation authorizing and signifying your new legal name.***

Name (as should be shown on the diploma): \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

Program and Graduation Year: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Address (where diploma should be mailed):  
\_\_\_\_\_  
\_\_\_\_\_

I wish to order \_\_\_\_\_ diplomas.  
(# of diplomas)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you prefer to pay by credit card, please complete the information below:**

**SELECT ONE:**      Mastercard      VISA      American Express

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Print name on card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_