

Diploma Replacement or Duplicate Request Form

Office of the Registrar
800 W. Jefferson Street
Kirksville, MO 63501
Phone: 660.626.2356
Fax: 660.626.2926
registrars@atsu.edu

This diploma request, including your signature, and a payment of \$75 (per diploma) must be submitted to the Office of the Registrar **before your diploma can be ordered**. Payment may be made by check to A.T. Still University. Please allow up to 8-12 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:

CIRCLE ONE: Mastercard VISA American Express

Credit Card #: _____ **Expiration Date:** _____

Print name on card: _____ **Signature:** _____