

Duplicate Diploma Order Form

Name	Student ID # or SSN:
Please print the name (First Middle Last) you wish to appear on the diploma. Name requested must be on record.	
DUPLICATE DIPLOMA(S) - \$30.00 FEE PER COPY – NORMAL DELIVERY IS 2-4 WEEKS	
	Mailing Address:
Degree Earned	Street:
Date of Graduation	
Quantity Ordered	City:
	State: Zip:
 In accordance with Federal Law, records cannot be released without written consent. Diplomas will not be released until all obligations to the College have been satisfied. Duplicate diplomas will be printed with the notation "Duplicate" in the bottom left corner. Due to diploma design updates, duplicate diplomas may not be identical to the original diploma design. If your name has changed please also submit a <u>Name Change Form</u> along with documentation. See the <u>Diploma Name Policy</u> for more information. 	
Signature: Email, Mail or Fax signed and completed form t	

Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6245

DUPLICATE DIPLOMA(S) - \$30.00 FEE PER COPY - NORMAL DELIVERY IS 2-4 WEEKS TO PAY BY CREDIT CARD, COMPLETE THE FOLLOWING: (will accept cash, check, credit card, or money order as payment) Credit Card Number:_____ Expiration Date: Verification Code: (found on the back of your card) **Billing Address:** Street: City: _____ State: _____ Zip: _____ Email: _____

Email, Mail or Fax signed and completed form to: registrar@sckans.edu;

Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6245

Signature: _____ Date: _____