ROCKHURST
A Jesuit University

# Replacement Diploma/Certificate Request

**YOUR NAME AS IT APPEARED ON THE ORIGINAL DIPLOMA (ROCKHURST UNIVERSITY WILL ONLY ISSUE DUPLICATE DIPLOMA/CERTIFICATES WITH THE NAME THE STUDENT ATTENDED UNDER).**

Original Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Graduation Date: _____
(month/date/year)

Degree(s) Received: _____

**DIPLOMA REPLACEMENT FEE:** $25 per replacement

**NOTE: IF GRADUATION DATE IS PRIOR TO 1999, PLEASE INDICATE BELOW WHETHER YOU WANT THE DIPLOMA TO SAY *"College"* or *"University"*.**

- ❑ Rockhurst University
- ❑ Rockhurst College

- ❑ Check Enclosed ***(Please make payable to "Rockhurst University")***
- ❑ Credit Card ❑ Master Card ❑ Visa ❑ Discover ❑ American Express

Credit Card #: _____

Expiration: _____ Security Code (*3 digits*):_____

**Billing Information:** *(please print)*

_____
Name (as it appears on credit card)

_____
Street Address

_____
City State Zip Code

Telephone (_____)_____

**Mail to Information:** *(please print)*
**(**If different than Billing)

_____
Name

_____
Street Address

_____
City State Zip Code

Telephone (_____)_____

Signature: *(required)* _____ Date: _____

**Mail this request to:**
Office of the Registrar
Rockhurst University
1100 Rockhurst Road
Kansas City, MO 64110-2561

**Or fax to:** (816) 501-4677

***Please note that it may take three to six weeks to complete the order.***
***The diploma will say "Duplicate" in the lower left corner.***