



REQUEST FOR REPLACEMENT DIPLOMA

Name: _____

Alternate Names used at Truman: _____

Address: _____

Phone: _____ E-mail: _____

Birth date: _____ Date of Graduation: _____ Degree received: _____

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 you wish to have your current name printed on the diploma, you must attach proof that your name has legally changed, such as an updated driver's license. If you would like to change your name in Truman's computer system, please email registrar@truman.edu.**

First Name

Middle Name

Last Name

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.