

# Missouri University of Science and Technology Request for Replacement Diploma

Student ID: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Major: \_\_\_\_\_ Degree (check one): BS BA MBA ME MS MST

Date Awarded: \_\_\_\_\_ Number of Diplomas Requested: \_\_\_\_\_ CT PHD DE

Participated in Cooperative Degree Program (i.e. Missouri State): \_\_\_\_\_

- Replacement diplomas are \$30 per copy.
- Payment for your diploma is due at the time of order. Please fill out the payment information below.
- The fee includes mailing via U.S. Postal Service. Overnight services are available for an additional fee.
- Diplomas take approximately six weeks to receive.
- To FAX a diploma, there will be an additional \$5.00 fee for domestic faxes and a \$15.00 fee for international faxes. You must include the name and FAX number of the individual to whom the fax is to be sent.
- Diplomas will not be released until all financial and administrative holds are cleared on your student account.
- Your original signature must be included. Computer generated signatures are not valid.
- The name on record is what will be printed on the diploma. If your name has changed since attending Missouri S&T and you wish to have the new name reflected on your diploma, please provide the legal name change documentation.
- All diplomas are printed with current signatures.

## Diploma Mailing Address:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

I authorize the release of my diploma to the above listed address. **Student signature required.**

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

Replacement Diploma Fee: \$30.00 per copy.

Check Method of payment: Cash Check or Money Order Credit Card

Amount due: \$ \_\_\_\_\_ Payment enclosed: \$ \_\_\_\_\_

Charge to my: VISA MASTERCARD DISCOVER CVV: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ \* \* \* \_\_\_\_\_ Expiration date (mm/yy): \_\_\_\_\_

### Mail to:

Missouri University of Science and Technology  
Office of the Registrar  
103 Parker Hall  
300 West 13<sup>th</sup> Street  
Rolla, MO 65409-0930

### or FAX to:

Missouri University of Science and Technology  
Office of the Registrar  
(573) 341-4362