



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)*

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

Name (as it appears on credit card)

Name

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone (____) _____

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 up to six weeks to complete the order.
The diploma will say "Duplicate" in the lower left corner.**