



Duplicate/Replacement Diploma Request

Registrar's Office
Kansas City University of Medicine and Biosciences
1750 Independence Avenue
Kansas City, MO 64106-1453

Name: _____

Is this the name you originally graduated under? ____ Yes ____ No. If no; please indicate your original graduation name below and submit a copy of your legal name change documentation (i.e., marriage license, divorce decree or other court document) if you wish to order a diploma with your new/current name.

Original Graduation Name: _____

Requested Diploma Name: _____

Social Security # (last 4 digits): xxx-xx-_____ DOB: _____

Mailing Address: _____

Phone: _____ Email: _____

Date of Graduation: _____ Number of Diplomas Requested*: _____

Duplicate/Replacement diplomas carry a charge of \$125 each. Payment must be received at the time of the request and checks or money orders should be addressed to KCUMB. Processing time for duplicate/replacement diplomas is typically 6-8 weeks. Additionally, changes to original names will not be processed without proof of legal name change.

Questions regarding the duplicate/replacement diploma process should be directed to the Registrar's Office at (816) 654-7190 or the Office of University Events at (816) 654-7039.

OFFICE USE ONLY		
Duplicate Diploma:	New Diploma:	Payment:
Name Change Documentation Received:		
Confirmed Graduation Date:		
Registrar's Office Signature:		
Executive Director of University Events Signature:		