

DUPLICATE DIPLOMA REQUEST

BACHELOR'S DEGREE

Complete this form and submit with the appropriate fee (\$20.00 per duplicate diploma) to:

Office of Business Affairs 601 N Grand Ave Tahlequah, OK 74464

Print your name exactly as you want it to appear on your diploma. If this is different than the current name on record with the university, you must submit appropriate documentation such as a copy of your driver's license, marriage license, passport, etc., along with this request.

Name:				Student ID Number:						
				Phone Number: Date of Graduation:						
BA	BA/ED	BBA	BME	BS	BS/ED	BSSciED	BSN	BSW	BGS	BT
Mail	to:									
Nam	e:									
Addr	ess:									
Addr	ess:									
City,	State, Zip: _									
	<u>'E</u> : All Busin n 2-4 weeks.	~~~~	holds mus	t be clea	ared before	diploma will be	e mailed.]	Requests v	vill be pro	ocessed
Signature:					Date:					
For B	usiness Office e return this fo	e Use Only	:	office, CA	ASE Building	, Lower Level,	or fax to 91	8-458-963	8.	
Recei	pt #:		_Amount:_		C	ashier:	Date:			
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