EMPORIA STATE
U N I V E R S I T Y

Graduate School
Request for Replacement Diploma

To obtain a replacement diploma, complete the form below and return it to the Graduate School. The form can be sent as an attachment to an email, dcooper@emporia.edu , faxed to 620-341-5909 or mailed to: Emporia State University, Attn: Doug Cooper, Campus Box 4003, 1 Kellogg Circle, Emporia KS 66801. The following types of documents can be used when submitting the form to the Graduate School:

A copy of a valid government-issued photo identification must be attached to this request. These ids include such things as driver's license; passport; military I.D., permanent resident card. Please copy the photo id and attach to the Replacement Diploma Application.

The cost for a replacement diploma is $20 and covers are $5. If you choose to email or fax your replacement request, please call Mr. Cooper at 620-341-5509 after submission to provide payment by credit card over the telephone. If you choose to mail the form, please enclose either a check or money order made out to Emporia State University.   **Payment must be received prior to the issuing of the replacement diploma.**
Name as you wish it to appear on your diploma:

First:_____ **Middle:**_____

Last:_____

Degree Received:_____ **Major:**_____
                       (MS, MA, MBA, etc.)

Month Degree was awarded:_____ **Year degree was awarded:**_____

Date of Birth:_____
(Required for verification purposes)

Address replacement diploma is to be mailed to:

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Telephone Number:_____ **Email:**_____

Signature Statement
I understand the replacement diploma I am requesting is not an exact duplicate of my original diploma. The signatures on my replacement diploma will be those of current administrators, not those who were in the position to sign upon the issuing of my original diploma.

I verify the information on this form is true and accurate and I am giving Emporia State University permission to issue a replacement diploma.

Signature:_____ **Date:**_____