Duplicate Diploma/Certificate

Please allow 4-6 weeks for processing and delivery

Student Information

WKU ID: _____   Date of Birth: _____

Legal Name: _____

| Last Name | First Name | Middle | Former Names |

Street Address: _____

City: _____   State: _____   Zip Code: _____

Phone Number: _____   Email: _____

Name to be printed on diploma/certificate _____ *Name must be on WKU record*

WKU Degree(s) and/or Certificate(s):   **$15.00 per duplicate**

_____   _____   _____
Degree Earned   Date of Graduation   Quantity Requested

_____   _____   _____
Degree Earned   Date of Graduation   Quantity Requested

_____   _____   _____
Degree Earned   Date of Graduation   Quantity Requested

Mail Diploma/Certificate to: (If address differs from above)

Name/School/Organization: _____

Street Address: _____

_____

City   State   Zip

To pay by credit card:

Credit Card # _____ Exp Date: _____

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student. Official diplomas will not be released until all obligations to the University have been satisfied.

X_____
Student Signature Required   Date

Requests with check, money order or credit card information may be mailed to:

Office of the Registrar
Western Kentucky University 1906
College Heights Blvd #11017 Bowling
Green KY 42101-1017

Requests with credit card information may be submitted at https://secureshare.wku.edu/filedrop/registrar.

For Office Use Only:

Holds: Y   N