

# LINDENWOOD

REAL EXPERIENCE. REAL SUCCESS.

## Request for Diploma Reprint Office of Academic Services

Name on Diploma: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date/Year of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Honors: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

USA

International

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

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Office Use Only

Bursar's Office (initials): \_\_\_\_\_ Amount Paid: \_\_\_\_\_ No. of Copies: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Registrar/Academic Services: \_\_\_\_\_ Date Printed: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**This form will not be processed without your signature and Student ID Number.**

Submit a check or money order to Lindenwood University for the amount of \$50.00 for each copy to Attn: Academic Services, 209 S. Kingshighway, St. Charles, MO 63301

\*Please allow 5-8 weeks for processing