



EASTERN KENTUCKY UNIVERSITY REQUEST FOR DUPLICATE DIPLOMA

Name at Graduation _____

Student ID Number (or SSN) _____

Degree _____

Term & Year of Graduation _____

_____ Date _____

Signature

Address to be used for mailing Diploma:

Name: _____

Street _____

City _____ State _____ Zip _____

Phone Number _____

Mail completed form with a check for \$25.00 made out to Eastern Kentucky University to:

Amy McIntosh

EKU – Office of the Registrar

SSB CPO 58

521 Lancaster Avenue

Richmond, KY 40475-3158

If paying by credit card, please complete the information below. A form with credit card information may be mailed to the above address or sent by fax to (859)622-8031.

_____ Visa _____ Master Card

_____ Card Number

_____ 3-digit security code

_____ Expiration Date