

Diploma/Certificate Mailing Request

WASHBURN UNIVERSITY
ATTN: UNIVERSITY REGISTRAR'S OFFICE
1700 SW College Ave
Topeka, KS 66621
Phone (785) 670-1074

For Office Use Only:

Received Date: _____

Received By: _____

Payment Method:

Cash _____

Credit Card _____

Check # _____ \$ _____

SOAHOLD Checked _____

Date Mailed: _____

Mailed By: _____

► **Clearly print your name and information:**

Last Name First Middle Any Other Name on Record

WIN Number Date of Birth Degree(s) Received/Semester and Year Received

► **Mail my diploma/certificate to me at the address below:**

Address City State Zip

Daytime Phone E-mail Address

► **Enclose: \$ 7.00 for each diploma/certificate mailed. Total Amount: \$ _____**

***Only ONE original diploma/certificate will be provided. Additional diplomas/certificates must be ordered by completing the Diploma/Certificate Replacement Form available on the Registrar's page of the Washburn website.**

► **Source of Payment:**

____ Check (check number) _____

____ MasterCard ____ VISA ____ Discover/Novus ____ American Express

Credit Card #: _____ Security Code _____ Expiration Date _____

► **Student Signature _____ Date _____**

Mail with payment to:

Washburn University
Registrar's Office
1700 SW College Ave.
Topeka, KS 66621