

MURRAY STATE UNIVERSITY

❖ REQUEST FOR DUPLICATE DIPLOMA ❖

Date: _____

Full Name: _____
(as it appeared on your original diploma)

SS#: _____

Date of Graduation: _____

Degree Received: _____

Name to be Printed on Your Diploma: _____

Number of Diplomas Requested: _____

Amount of Money Remitted: _____

Address Where Diploma is to be Mailed: _____

E-mail Address: _____

Phone Number: _____

Signature: _____

Mail Request To:

Registrar's Office
Murray State University
113 Sparks Hall
Murray, KY 42071-3312