



AUTHORIZATION TO RELEASE DIPLOMA

International Mail Request

Wichita State University - Registrar's Office Box 058, 1845 Fairmount Street Wichita, KS 67260-0058

Telephone: 316-978-3055 ♦ Fax: 316-978-3795 ♦ Email: diplomas@wichita.edu

This form is an authorization to send a diploma to a certain mailing address OR to authorize someone to pick up the student's diploma. If someone other than the student is picking up a diploma, he/she must present BOTH a copy of the student's photo identification AND his/her photo identification at pick up. Diplomas will be WITHHELD, with limited exceptions consistent with state and federal laws, for any student who owes Wichita State University money, property, or documents. For questions about outstanding obligations, please contact the Financial Operations Office at (316) 978-3333.

Please read carefully, print legibly, complete ALL sections below and include mailing fee:

♦ **\$50.00** each diploma

A delay in processing will result if information or signatures are omitted.

STUDENT INFORMATION

Name _____ OR _____
Last First MI myWSU ID Last four digits of SSN

Other names used on record (example: maiden) _____ DOB _____

Address _____
Number Street Apt# (if applicable) City/Town State Zip

Email Address _____ Contact Phone _____

Degree Awarded: Bachelor's Master's PhD

Date of Graduation: _____ Major: _____
Semester/Month Year

MAILING INFORMATION

- Diplomas are shipped via Federal Express to international addresses.
- FedEx does not ship to PO boxes.
- If the package CANNOT be delivered due to an incomplete or inaccurate address, the cost of a replacement diploma and/or cover will be the student's responsibility.
- Wichita State University is NOT responsible for any damages due to shipping.

I authorize Wichita State University to **MAIL** my diploma to the person/address listed below:

Addressee Name (if different than student) _____ Contact Phone _____

Address _____
Address (DO NOT use a P.O.BOX) City/Town/Province/Region Zip/Postal Code Country

Student Signature (required) _____ **Today's Date** _____

All request MUST include student's signature and photo identification to process.

FOR OFFICE USE ONLY
Cashier Code BREM

Request Received Date

ID Verified Y/N

Payment Process Date

Diploma Mailed Date

USPS Tracking#

Staff Initials:

Payment Information

Enclosed is check/money order for \$ _____ OR VISA MasterCard Discover American Express
Credit/Debit Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____/____ Sec.Code _____

Signature for Credit Card Authorization (required): _____ **Date:** _____

*****IMPORTANT*** DO NOT INCLUDE ANY CREDIT CARD INFORMATION BY EMAIL ***IMPORTANT*****

To best protect your financial information and support compliance with the Payment Card Industry Data Security Standard, credit card information should never be e-mailed. Credit card information received by email will be DESTROYED and requests will NOT be processed. Credit card information may be mailed, faxed or call the Registrar's office for assistance.