



DUPLICATE DIPLOMA REQUEST
DOCTOR OF OPTOMETRY DEGREE

Please complete form and submit with the appropriate fee (\$40.00 per duplicate diploma) and mail to:

Office of Admissions and Records
601 N. Grand Ave.
Tahlequah, OK 74464-2399

1. Print your name as you wish it to appear on the diploma.

2. Date of graduation (MMDDYY) _____

3. Social Security number _____

4. Date of birth _____

5. Name and address the diploma(s) is to be mailed to:

Date mailed _____