## The University of Kansas

## Office of the University Registrar ~ Statement of Degree (SOD)

KU Visitor Center, 1502 Iowa St., Lawrence KS 66045 Phone: 785-864-4423; Fax: 785-864-3900

1) SOD requests will not be processed for students with financial obligations to the University; 2) You will be billed after your request is processed; do not send credit card information. 3) All charges are nonrefundable. 4) Photo identification is required to pick up your SOD in the KU Visitor Center; written authorization must be provided with this form if you wish your SOD to be picked up by another person. 5) Do not submit the same form in multiple methods (i.e. hand deliver and fax the same form), or repeatedly submit the same request; processing and charges will be duplicated and all charges will be your responsibility. 6) If faxing your request, call our office to confirm receipt. 7) Incomplete forms or forms with inaccurately reported

multiple methods (i.e. hand deliver ac charges will be your responsibility. 6) information will not be processed.	d fax the same form), or repeated	ly submit the same requ	iest; processing and	charges will be duplicated and all	
<b>Additional Information:</b> Graduate s Forthcoming Degree. DO NOT USE	THIS FORM IF THE STUDENT	HAS NOT GRADUA	ng the current semes	ster must order a Statement of	
A Statement of Degree may be ordere posted. No refund is given if you do n	d during finals if you expect to gr not graduate.				
PART 1: Billing Address & Identifyin		•••••	••••••••••		
Student Name:		E-mail Address:			
Street:		City:			
State:Zip:	Country if other than t	he U.S		Telephone:	
Date of Birth:	Social	Social Security Number:			
PART 2: Degree Information					
KU ID #:	When did you Gra	duate: 🗆 Fall 🗆 S	Spring   Sumn	ner Year:	
Degree Earned:					
Major(s):					
PART 2: Processing Charges Choose REGULAR PROCESSING: Requests are p			+ , mail and fax		
Pick-up \$3 – I will pick up	copies (indicate the numbe	er of copies for pick up	)		
Mail in the U.SDomestic \$3  EXPEDITED / SAME DAY PROCESSING: IF *All same day requests: pick up, US Dotransit when received by 12:00 p.m., CS	mestic mail, International Mail, A	ceipt. (Pick Up is avai	lable only at the K	U Visitor Center, 1502 Iowa St)	
<b>□</b> *Pick Up \$15 – I will pick up	copies (indicate the num	ber of copies for pick	up)	<b>□*U.S. Mail \$15</b>	
*International Air Mail \$22	*Federal Express \$40	*International Fed	l Express \$40+othe	er charges (Call for quote)	
PART 3: Send to the following Addre	ss(es): How many statements to	the following address	?		
Name:		Attn: _			
Street:		City	:		
State: Zip:		Country if other than t	he U.S		
How many statements to the following	g address?				
Name:		Attn: _			
Street:		City	:		
State:Zip:	(	Country if other than	the U.S.		
	+ +	+	+		

PART 4: Student Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_