

Request for Duplicate Diploma or Certificate



Student ID Number: _____

Name: _____
Last First Middle ☐ Jr. ☐ Sr. ☐ II ☐ III

1) Other Name(s): _____
Last First Middle ☐ Jr. ☐ Sr. ☐ II ☐ III

2) Other Name(s): _____
Last First Middle ☐ Jr. ☐ Sr. ☐ II ☐ III

Telephone: _____ ☐ Day ☐ Cell

The semester and year of graduation: ☐ Fall ☐ Spring ☐ Summer Year: _____

My technology/major is: _____

I am requesting a duplicate: ☐ Associate's Degree ☐ Certificate

Please mail to: _____
Number & Street Apt/Unit

City State Zip County

A fee of \$25.00 is charged for each diploma or certificate.

Student's Signature Required Date of request

For office use only:

Request received _____ Fee paid ☐ Date: _____

Graduation - Program: _____

Term/Semester: _____ Year: _____ Honors:: _____

Document Mailed: _____ By _____

Office of the Registrar Comments: _____