



**DUPLICATE DIPLOMA REQUEST**  
(Please type or print; complete all boxes.)

**Name as it appears on permanent record:**

[ ] [ ] [ ]

**Last First Middle (Maiden)**

**Social Security #** [ ] **Date of Birth: Month** [ ] **Day** [ ] **Year** [ ]

**Address** [ ]

**City** [ ] **State** [ ] **Zip** [ ]

**Name to appear on diploma:**

[ ] [ ] [ ]

**First Middle (Maiden) Last**

**Academic Division** [ ] **Major** [ ]

**Exact Name of Degree or Certificate (Check One):**

- Certificate
- Associate of Arts
- Associate of General Studies
- Certificate of Technical Studies
- Associate of Science
- Technical Diploma
- Certificate of Applied Science
- Associate of Applied Science
- Post Associate Certificate
- Certificate of General Studies
- Associate of Business Studies
- Career & Technical Certificate

**Year Degree Awarded** [ ] **Telephone Number (Day)** [ ]

**Catalog Year Followed** [ ] **Telephone Number (Night)** [ ]

**Reason duplicate is being requested (Damaged original must accompany request, if available.):**

[ ]

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

A fee of \$50 is charged for a duplicate diploma. This fee must be paid to the Bursar's Office before the request is processed.

**FEE PAID:** \_\_\_\_\_  
Cashier Date

Duplicate mailed to student: \_\_\_\_\_  
Date Registrar's Office