

Request for Duplicate Diploma or Other Records

Instructions: Complete this form with all applicable information. **Fee payment and student signature** are both <u>required</u> at the time of ordering.

\$ 2.00 per page, unofficial student file copies (Max per file \$20)

\$ 5.00 per page, sealed/official student file copies (Max per file \$50)

\$15.00 per sealed/official duplicate diploma

\$15.00 per sealed/official Entrance Test Score letter

(Maximum charge per file excludes transcripts, diplomas & test scores)

Please enclose check or money order for the proper amount; cash accepted for in-person requests only. <u>DO NOT MAIL CASH</u>. Please note that in order to process your request, you must be in good standing both academically and financially with all obligations associated with your tenure at this college. This amount will be returned if we are unable to fulfill your request.

Please allow 5 to 10 business days for processing.

S <u>tudent In</u> t	formation: (please print	t)						
LAST NAME			FIRST NAME			MI		SOCIAL SECURITY NUMBER
STREET A	DDRESS	<u> </u>						DATE OF BIRTH
CITY STATE			ZIP	PHONE #) -		E-MAIL ADDRESS (optional)	
FULL NAM	1E DURING ENROLLMENT		DATES ENROLLED From To				CAMPUS LOCATION	
☐ Photoco	eck at least one: copy of Diploma – Unoffic Records				Special Instructions: Hold for Pick Up (we will notify you at the above contact number when processed) Mail (indicate to whom below)			
⊔ Dupiica	ate Diploma – Replaceme	∍nt				·		/hom below) -
								
STUDENT S	SIGNATURE: (required) _	DA			DATE: _	ATE:		
ı accordance w	vith the Family Educational Rights	and Privacy Act (FEF	RPA) of 197	74, your signature	is require	ed to authorize	the rele	ease of your school records.
- 000								
			ed Processed by:					
	Payment: Amount: \$ Received by (staff initials) Payment Type: Cash / Check / M.O. Date:							O. Date:
Signature of	f College Official:		Date:					