

Business Services/Records **Duplicate Diploma Request**

STUDENT IS REQUIRED TO COMPLETE THE FOLLOWING SECTIONS

Incomplete forms will NOT be processed. Please allow 2-3 business days for processing.

Please Print Legibly.

	Student ID # or SSN	Degr	ee/Certificate to be reprinted
STUDENT INFORMATION	Name	Date	of Birth
	Telephone #	E-ma	il Address
	Contact Name	*Sne	cial Notes/Requests
SHIPPING INFORMATION	Street Address	City	State Zip Code
	Street Address	City	State Lip Gode
BILLING			
INFORMATION	Credit Card Number	Credit Card Type	Expiration Date Security Code
	□ \$30.00 for the reprinting of Tarrant County College diploma		
AUTHORIZATION	Student Signature – Please charge my credit card the amount indicated above. I understand all financial obligations must be met before my diploma is released.		
	OFFICE	USE ONLY	
	Staff Member	_	Staff Member
Business Service paid by	Office/Campus Date	_ Diploma processed by	Office/Campus Date
	Date	_	Date