

REQUEST FOR REPLACEMENT DIPLOMA

Please print all information below. Please list your name as you want it printed on your diploma, including full middle name, if desired. Please inform the college if your phone number or address changes before your request for a duplicate diploma is processed.

Name: _____
(how is should be listed on diploma) (first) (middle) (last)

Student ID#/SSN: _____ Phone #: _____

Email Address: _____

Mailing Address: _____
(street) (city) (state) (zip)

Curriculum/Plan: _____ Date/Year Degree Awarded: _____

There is a \$20.00 fee for each duplicate degree/certificate/diploma you request. Payment is due at the time you submit your request. Please make checks payable to Wytheville Community College. Mail form and check to the address above

It will take 6-8 weeks for duplicate diplomas to be delivered.

Student Signature

Date

Fax#: 276-223-4860

Begin Here. Become Anything.