



**REQUEST FOR DUPLICATE DEGREE/CERTIFICATE**

**Student Name** \_\_\_\_\_

**Last**

**First**

**Middle**

**Current Mailing Address** \_\_\_\_\_

**Degree Major/Emphasis** \_\_\_\_\_

**Certificate Major** \_\_\_\_\_

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

**Daytime Phone** \_\_\_\_\_

**Student Name: As it is to appear on diploma/certificate**

\_\_\_\_\_

Student PVC ID#: \_\_\_\_\_

Student Soc. Sec. #: \_\_\_\_\_

Student D.O.B.: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**(Duplicate Degree or Certificate fees \$25.00 – Pay fees in Business Office)**

**Fee Paid** \_\_\_\_\_ **Date** \_\_\_\_\_ **Designee** \_\_\_\_\_