

Duplicate Diploma Request Form

There is a \$35 fee for each duplicate diploma request. Please provide 1 copy of photo identification with this form.

Student ID# or Social Security Number: _____

First Name: _____ Last Name: _____ Middle Name: _____

Previous Name(s): _____

Name that should be listed on your duplicate diploma: _____

Month/Year of Graduation (check and enter year): May: _____ August: _____ December: _____

Address (Street, Apt#, City, State, Zip Code): _____

Is this a new permanent address? Yes No

Phone: _____ Email: _____

How would you like to receive your diploma? Please check one:

☐ Mail to the address above

☐ Hold for Pickup (we will email you when the diploma is available for pickup)

I attest that I am the individual signing this statement and that all information is true and correct to the best of my knowledge.

I understand that electronically signing this form constitutes a legal signature agreeing to the terms and conditions and also certify that the provided information is complete, truthful, and accurate. Electronic signatures must accompany photo identification.

Student Signature: _____ Date: _____

We accept check or money order payable to MSMC. Otherwise, please provide payment information below:

First Name: _____ Last Name: _____ ID#: _____

Payment Method (check one): Cash Check Credit Card

Credit Card Number: _____ (Visa/Discover/Mastercard) Exp Date (MM/YY): _____

I authorize transcript fees in the amount of \$_____ to be charged to my card.

I understand that electronically signing this form constitutes a legal signature agreeing to the terms and conditions and also certify that the provided information is complete, truthful, and accurate.

Name on Credit Card: _____ Signature: _____

Office Use Only Processed by: _____ Date: _____