

## **DUPLICATE DIPLOMA REQUEST FORM**

Records Department Room 2200, West Campus 3300 Century Avenue North

Phone: 651.779.3299 Fax: 651.773.1708

## Note: Do not use this form to request your original diploma.

You must have already been granted a degree from Century College before requesting a duplicate diploma.

How to Submit: You may bring this form to the Records Office, email us at records@century.edu, or you may fax us at 651.773.1708.

## Only graduates of Century College who wish to request a duplicate diploma may use this form.

Contact Information			. ,			
Student ID/Star ID or SSN: _						
Current Last Name		First Name	MI		Former Name(s)	
Current Street Address			City	State	Zip Code	
Home Phone		Cell Phone	Email Address			
Please print how you would li	ike your name on	the diploma.				
Name of Diploma:						
Select your destination preference and the number of copies:			\$25.00 fee per Diplo	oma		
Number of Copies		Destination				
		Send diploma(s) to the address listed above				
		Send diploma to the addres	ss below			
		Name/ Organization / Department				
		Street Address	City	State	Zip Code	
Cardholder's Name:						
Cardholder's Address:						
Card Number:			Expiration	Expiration Date:		
CVV (3 digit Card Verification	Value from back	of credit card)				
Fee: \$25.00	Total Amount Pa	iid:				
Cardholder's Signature:				Date:		