

Date Requested: _____

Date Sent/ Picked Up: _____

Replacement Diploma Fee: _____

Holds Present: _____

REPLACEMENT DIPLOMA REQUEST

Name: Print your name clearly as you wish it to appear on your diplom	na – indicate periods, h	yphens, etc. Legal name changes must be on file
Social Security Number (Last 4 digits): XXX - XX -	Student ID#:	
Email:		
Current Address:		
Graduation Month/Year: December,	May,	August,
Delivery/Pick Up Information:	- /	
Pick Up (Please call me when my Replacement Diploma		c up)
Your new diploma will be reproduced as a "College for Crea will be those of current college officials and will be printed us		
I understand that only official graduates of CCS may reque earned.	est and receive a	replacement diploma verifying their degree
Signature of Diploma Earner: X		Date:
Payment Information: The Diploma Replacement Fee is \$25.00.		Return this form to
Please check payment format:		Academic Advising & Registration Office College for Creative Studies