



Official Request for Duplicate Diploma

Reason for requesting duplicate diploma (i.e., replacement for damaged or lost diplomas, name changes, or replica for academic/employment purposes): _____

Name Changes (since your last attendance): _____

Name (as it will appear on diploma): _____
Last First Middle or Middle Initial(s)

Note: Name change will be reflected on ALL of your records.

Social Security Number: _____

Present Address: _____
Street Apt. #

City State Zip

Telephone Number: (_____) _____
Area Code

Diploma mailing address: _____
Street Apt. #

City State Zip

Degree Awarded: _____ **Date Received:** _____

Birth date: (MM/DD/YYYY) _____

Student's Signature _____ **Date** _____

Please note that your new diploma will be processed on current stock and style of paper.
The charge for a new diploma is \$25.00. Your check should be made payable to Southern.
Please allow four to six weeks for delivery.
If you have any questions, please call (304) 792-7160 extension 121 or 122.

To receive a duplicate diploma, return this form along with payment to:

Southern WV Community and Technical College
Central Records
PO Box 2900
Mount Gay, WV 25637

CENTRAL OFFICE USE ONLY: Entered _____ Status: SO/AP/CP _____
Transcript ck _____ **Letter** _____ **Rec'd** _____ **Holds ck** _____ **Letter** _____
Substitution ck _____ **Letter** _____ **Candidate Ltr** _____ **Instrctn Ltr** _____
Name App vs Name Card _____ **Honors** _____ **Printer's Prog Proof** _____
Josten's proof _____ **COMMENTS:** _____
