| Office Use Only |
|-----------------|
| Req Received |
| Ordered |
| To Admin |
| To Student |
| |



OFFICE OF REGISTRATION & RECORDS Replacement Diploma/Certificate Request Form

Replacement diplomas and certificates will be printed in the current style and contain the signatures of current members of the college administration. Replacement documents are generally mailed within four to six weeks after the receipt of the request. **The cost to obtain a replacement diploma or certificate is 20.00**

Print your legal name exactly as it appeared on the original diploma or certificate. Name: First, Middle, Last & Suffix (if applicable) Student ID or SSN: _____ Birth Date: Graduation Year: Name of Program: _____ Replace: ____ AA ___ AS ___ AAS ___ AAT Are you a member of Phi Theta Kappa? _____Yes _____ No Please mail diploma/certificate to this address: Student Signature: _____ Date: _____ Contact Phone Number: _____ Contact E-Mail: _____ Method of Payment: __ Check __ Credit Card __ Money Order Make check payable to Chesapeake College (Do Not Mail Cash) Charge this fee to: (Check One) VISA Master Card American Express Discover Card Card Number: _____ Expiration Date _____CID# Cardholder's Name: Authorized Cardholder's Signature: Mail request form with payment to: Chesapeake College, Office of Registration,

P O Box 8, Wye Mills, MD 21679