



Replacement Diploma Request

Note – Replacement diplomas are issued with the titles and college officials who were present during the graduation term. Please allow 2-3 weeks for delivery.

Current Name (Please Print) _____

Previous Name _____

Student ID Number _____

Date of Birth ____/____/____

Mailing Address _____

Phone Number (____) _____

Email Address _____

Print your name below exactly as you want it to appear on the diploma.
(If this section is not completed, the legal name in our records will be used)

First Name _____ **Middle** _____ **Last** _____

DEGREE INFORMATION

Degree Awarded _____

Month/Year Degree Conferred _____

Honors Received _____

(Note: Phi Theta Kappa, Latin Honors, etc.)

Qty: _____ Diploma (at \$10 per copy) _____ Diploma Cover (at \$10 per cover)

BUSINESS OFFICE

Student Signature

Date

Mail this form and payment (if applicable) to: Washington State Community College – Records Office, 710 Colegate Drive, Marietta, Ohio 45750; via email to recordsoffice@wscc.edu; or faxed to 740-568-1965.

Payment can be made by check, money order, or by credit card. If you wish to use a credit card, please contact the Business Office at 740-568-1905 to make the payment via the telephone.

Office Use Only: Request Completed by _____ Date _____