

APPLICATION FOR REPLACEMENT DIPLOMA

Database ____ Datatel ____ Distributed ____

Full Legal Name: _____
 (Please print clearly) First Full Middle Last

• If your name is different than when you graduated from VGCC, you must provide legal proof of your name change.

Student ID Number: _____ or Social Security Number (Voluntary): _____

Student Address: _____

Telephone No: _____ Email Address: _____

Date of Birth: _____

Major Program: _____ Degree Type: Vocational diploma AA degree

Date of Graduation: _____ AAS degree AS degree

Catalog of Record: _____

Please explain the circumstances that destroyed the original diploma: _____

 Student Signature

There is a fee of \$20.00 per diploma. Checks or money orders should be made payable to VGCC. Diploma(s) will not be reprinted without payment of fee. Diploma(s) will be mailed to the student address you provide on this form. Please allow 5-6 weeks for delivery.

Return completed forms and payment to:
 VGCC
 PO Box 917
 Henderson, NC 27536
 Attn: Registrar's Office

STUDENT DEVELOPMENT USE ONLY

I have reviewed the above named individual's records and certify that he/she has met the requirements for the major program for which he/she is applying for a replacement diploma.

 Registrar Date Certified

Notes: _____

STUDENT ID		
TOTAL DIPLOMA FEE	\$20.00	
	initials	date
AR CHARGE ENTERED BY		
RECEIPTED BY		