

Lorain County Community College

DIPLOMA REPLACEMENT REQUEST

NAME

ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

STUDENT NUMBER

DIPLOMA INFORMATION

NAME AS YOU WANT IT ON YOUR DIPLOMA:

DEGREE EARNED

MAJOR / CODE FOR DEGREE

GRADUATION DATE:

TERM:

NO CHARGE

OFFICIAL USE ONLY

DATE MAILED

DIPLOMA REPLACEMENT FORM/LINDA 5/1702

INITIALED