

**LORAIN COUNTY COMMUNITY COLLEGE  
RECORDS OFFICE  
1005 N ABBE RD  
ELYRIA OH 44035  
TELEPHONE NUMBER 440-366-4067  
FAX NUMBER 440-366-4167**

**DIPLOMA/CERTIFICATE REPLACEMENT REQUEST  
NO CHARGE**

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**NAME: PLEASE PRINT**

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**ADDRESS**

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**CITY STATE ZIP**

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**STUDENT NUMBER OR SOCIAL SECURITY NUMBER**

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**TELEPHONE NUMBER**

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**PLEASE PRINT HOW YOU WANT YOUR NAME TO APPEAR ON  
DIPLOMA OR CERTIFICATE**

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**STUDENT'S SIGNATURE DATE**

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**DEGREE/CERTIFICATE EARNED / MAJOR**

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**AWARDED DATE**

**RECORDS OFFICE ONLY:**

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**DATE MAILED INITIALED**