Carroll Community College Diploma Reprint Request

Student ID Number: _____   **Date of Birth:** _____

Name: _____

Former Name(s): _____

Address: _____

_____

Phone: _____

Email Address: _____

Year of graduation: _____

This is a reprint of the original diploma. Your name will appear as you requested on your application to graduate. If you would like a different name to appear, you must provide legal documentation of a name change.

Cost: $20. $20 charge must be paid prior to picking up diploma reprint. Diploma reprints will not be mailed, they must be picked up in the Records Office.

Signature:_____

I am authorizing the release of my diploma and affirm that the information provided on this form is correct to the best of my knowledge. I understand that my diploma will not be released if I have an outstanding debt to the College. Please allow at least 2 weeks for processing.

Mail to: Carroll Community College, Records Office, 1601 Washington Rd, Westminster, MD 21157

Email: records@carrollcc.edu   Phone: 410-386-8440   Fax: 410-386-8446