



Carroll Community College Diploma Reprint Request

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

Name: _____

Former Name(s): _____

Address: _____

Phone: _____

Email Address: _____

- Pick up (You will receive an email when your diploma is ready.)

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.

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