

## Diploma Replacement Request

Fax to 770-528-4218 OR Scan/email to:

registrar's.office@chattahoocheetch.edu

## PLEASE NOTE: REPLACEMENT DIPLOMA COSTS \$25.00 EACH

Name when attended	CTC:		
	First		M.I. Las
Student ID# / Social S	Security #:		
Phone number:			
How many do you wa	nt?	x \$25.00 =	
Specific degree/diplo	ma/certificate awarded t	hat you want replaced:	
If you are requ	oma: want printed on the repla uesting a <b>NEW NAME</b> , p ssed BEFORE the DIPL		resno form with the Registrar's Office.
Complete Th	nis Section for	r Mailing:	
•		address listed for you in	BANNER.
		Street Address	
City	State	Zip Code	County (ex: Cobb, Bartow)
S	tudent Signature		Date
Official Use Only			
Pagaiyad by:	Date:	Dropped by:	Doto: