



## APPLICATION FOR DIPLOMA REORDER

**\*\*\$35.00 for each (additional cost \$18.00 for mailing)\*\***

**(FEES ARE NON-REFUNDABLE)**

NAME: \_\_\_\_\_  
LAST FIRST MI

SSN/GCC ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

If you have used another name at GCC, list here \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box OR Home Mailing Address

GENDER: ☐ MALE ☐ FEMALE

Village Territory/ State ZIP Code

TELEPHONE: \_\_\_\_\_

I have met the requirements for: ☐ Associate Degree ☐ Certificate ☐ Adult High School ☐ Vocational High School

If typed of Degree/Certificate/Diploma, what program: \_\_\_\_\_  
Example: ACCOUNTING, COMPUTER SCIENCE, COSMETOLOGY, etc.

### MY LEGAL NAME AT THE TIME OF GRADUATION WAS:

(PRINT YOUR LEGAL NAME AT THE TIME OF GRADUATION (include spaces and capitalizations))

Please answer the following **carefully** and as completely as you can. Your answers will help to reconstruct and/ or verify your records.

I have attended: ☐ College Program from 19\_\_\_\_\_ to 20\_\_\_\_\_ to 20\_\_\_\_\_  
☐ Adult High School Program from 19\_\_\_\_\_ to 20\_\_\_\_\_ to 20\_\_\_\_\_

GRADUATES SIGNATURE

DATE

### FOR ADMISSIONS & REGISTRATION/ BUSINESS OFFICE USE ONLY

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Does this student have an outstanding obligation to the College? ☐ No ☐ Yes \_\_\_\_\_

Number of Degree/ Certificate/ Diplomas ordered: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

### GRADUATION INFORMATION

\_\_\_\_ Yes \_\_\_\_\_  
Graduation Date Program

\_\_\_\_ No Comments: \_\_\_\_\_

DIPLOMA ORDERED: \_\_\_\_ Yes \_\_\_\_\_ No Comments: \_\_\_\_\_  
Date