

DUPLICATE DIPLOMA REQUEST

FOR OFFICE USE ONLY
Cost Center 156751/9199

Date Paid: _____
 Amount: _____
 Staff Initials: _____

STUDENT INFORMATION - * Required Fields

* Student ID, Star ID or SSN _____ * Phone (____) _____

* Name _____
Last First Middle Former Name

Your name will be printed as it appears on your academic record. If your name has changed, submit a Change of Name request, with documentation of the legal name change, to the Records Office prior to submitting this request.

DELIVERY

Mail my diploma/certificate to *(this address will be used for this mailing only)*

Street Address Apt/Unit #

City State Zip Code

DEGREE INFORMATION

Specify the degree/certificate information for which you have been awarded:

Circle one: AA AS AAS AFA Certificate Major _____ Year _____

FEE

- ❖ \$10 for all replacement/duplicate diplomas and certificates
- ❖ Allow approximately three weeks for diploma request processing.

❖ For your convenience, submit this request with a credit card payment with the following required information:

Cardholder's Name: _____
 Card Number: _____ Expiration Date: _____
 CVV (3 digit Card Verification Value from back of credit card): _____
 Cardholder's Signature _____ Date _____

❖ **Submit your application and fee (cash, check or credit card) to Payments & Billing, email to paymentbilling@normandale.edu or mail to Payments & Billing, Normandale Community College, 9700 France Avenue South, Bloomington, MN 55431.**