DUPLICATE DIPLOMA REQUEST FORM



HAWKEYE COMMUNITY COLLEGE Business Office

ADDRESS: P.O. BOX 8015, Waterloo, IA 50704 **PHONE:** 319-296-4417 or 1-800-670-4743 ext. 4417

FAX: 319-296-2874

EMAIL: <u>businessoffice@hawkeyecollege.edu</u> **WEBSITE:** www.hawkeyecollege.edu >

Academics > Academic Records > Student Records

> Duplicate Diploma Request

There is a \$15.00 charge for each duplicate diploma. (Fees subject to change)

Duplicate <u>Continuing Education certificates</u> (non-credit programs) can be requested by calling our Center Falls Center at 319-277-2490.

Send this completed form via mail, fax, or mail to the Business Office (information above). Payment can be made with a credit card or you can provide a check payable to Hawkeye Community College with this form when you mail it. The Business Office will forward the form, along with proof of payment, to the Registrar's Office.

- Any financial obligations to the College and certain other holds, such as completing the Financial Aid Exit Counseling, must be satisfied prior to a duplicate diploma being processed.
- > Duplicate will bear signatures of the current College officials and will be printed on the current stock and style of paper.
- Please allow 3-5 business days for processing time of your request. It will be mailed to the address provided below.

Credit Card No.:	Exp. Date:	Security Code:
		DATE:
PLEASE PRINT CLEARLY		
Student ID Number or SSN:	Date of Birt	th:
Last Name:	Former Last Name(s)	
Legal First Name:	Middle Name/Initia	il:
(The name on your diploma will refle	ect the "Diploma Name" on your Graduate Re	ecord.)
Application &/or Grad If your diploma was p Name" (and/or your "	&/or preferred name on your Student Record <u>does</u> luate Record (no matter the timing). rinted with your "Preferred Name" and you want to Middle Initial" to your "Full Middle Name") please in the "Last Name". We will use your legal last results.	o change your "Preferred Name" to your "Legal First indicate the changes here:
Street Address:	City/State/Zip:	
Student's Phone: (Primary)	Alternate Phone	: (Optional)
Email Address:		
Major/Degree:	Graduation Date:	
I certify that I am the above-name	ed person and the information I have pro	ovided is accurate.
Student's Signature (Approval	to Release Information. "Wet" signature required	l.)

**If your diploma is undelivered, lost, stolen, or damaged in the mailing process, we regret that we cannot be responsible for the diploma. You will need to order a replacement diploma and pay all associated fees. Thank you for your understanding.