

Greenville Technical College Replacement Award Request



Student Name (Name exactly as you wish it to appear on diploma. PLEASE PRINT.)

First

Middle

Last

Name while attending Greenville Tech (maiden name used, etc): _____

Student I.D. /Social Security # _____ **E-mail Address** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number: Home (_____) _____ - _____ **Cell** (_____) _____ - _____

TYPE OF DEGREE – please indicate the correct degree

___ Associate

___ Diploma

___ Certificate

With a major in _____ **Month/Year Degree Earned** _____

DELIVERY METHOD (check one)

___ Notify me and I will pick up my award at the Student Records office. Use: ___Home ___Cell ___Email

___ Mail the award to me at the address above. I have submitted the **\$10.00** mailing fee.

FEES **\$20.00** per duplicate diploma
(+**\$10.00** additional mailing fee if choosing mail option)

PAYMENT METHOD

Upon receipt of request, the award will be verified before payment is accepted.

___ Check or money order made payable to *Greenville Technical College*

___ Credit Card: ___Visa ___MasterCard ___Discover Number _____

Expiration Date: _____ 3 Digit Security Code Number: _____

Student Signature

Date

*Submit completed form with payment to: Student Records, Mail Stop 6034, P.O. Box 5616, Greenville, SC 29606-5616
For additional information, please contact Student Records at (864) 250-8000.*

Student Records Use Only

Award Title _____ Correct Graduation Year _____

Date Notified _____ Processed by _____