

**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 \_\_\_\_\_