



Office Use Only:
B: _____
Admit Year: _____
Received by: _____
Received Date: _____
Student ID Verified: _____

REQUEST FOR DUPLICATE OR REPLACEMENT DIPLOMA

This form must be submitted to request duplicate or replacement diplomas.

Student ID: _____ Date of Birth: _____
 Phone Number: _____ E-mail: _____
 Full Legal Name: _____ Suffix: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 What name should appear on your diploma: _____

Degree/Certificate Awarded: _____
 Month & Year Awarded: _____
 Name at time of Degree/Certificate: _____
 Please list all previous names: _____
 Number of copies: _____

- All duplicate diplomas will be stamped: *“Issued as Duplicate of Original Diploma”*.
- All duplicate diplomas with legal name changes will be stamped: *“Issued as Duplicate of Original Diploma with Legal Name Change”*.
- **EFSC cannot reissue a diploma as an original unless the original diploma is returned.**
- Please submit a \$20 fee payable to Eastern Florida State College for each duplicate or replacement diploma.
- Please allow 4-6 weeks for delivery, unless this form is submitted at the same time as the original *Intent to Graduate* application.

Student Signature: _____ Date: _____

Amount Enclosed: _____