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 1024, 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_____