

**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 _____