Duplicate Diploma Request

Who needs to use this form?
Any graduate of South Central College who wishes to request a duplicate diploma.

Cost
$10 per copy.

Important Note
You need to have already been granted an award from South Central College before requesting a duplicate diploma.

How to Submit
Mail, email or fax: Make sure to enclose completed form with payment and send to the address, email or fax number on the right.
In-Person: Bring completed form to the Advising & Registration Center in North Mankato or the Student Affairs Center in Faribault. They will direct you to make payment (cash, credit/debit card, check or money order) in the bookstore, after verifying there are no holds on your record.

MAIL, EMAIL or FAX to:
South Central College – Advising & Registration
1920 Lee Blvd. - North Mankato, MN 56003
Email: registrar@southcentral.edu
Phone: (507) 389-7334 FAX: (507) 389-9152

CONTACT INFORMATION

PLEASE PRINT CLEARLY:  SCC Student ID or SSN#
Name (Last, First, Middle)  Former Name(s)
Street Address  City, State  ZIP
Email Address  Phone Number

On the line below, print how you would like your name to appear on the diploma. Below the line are stylistic examples.

Examples:  Samantha Smythe  Samantha Ariel Smythe  Samantha Ariel Smythe-Johnson
            Sam Smythe  Samuel A. Smythe  Samuel Aaron Smythe IV
            Samuel Aaron Smythe, Jr.

DIPLOMA DESTINATION

Timeframe for Delivery:  2 – 3 weeks
☐ Pick-up diploma(s). You will be contacted by the email listed above when ready.
☐ Send diploma(s) to the address listed above.

OFFICE USE ONLY
☐ VERIFIED (No financial holds)
☐ PAID

PAYMENT

($10.00 per copy – must accompany duplicate diploma request)

METHOD OF PAYMENT:

CHECK ONE:  ☐ Check Enclosed  ☐ Visa  ☐ Mastercard  ☐ Cash Enclosed

CARD NUMBER:  _____ _____ _____ _____  _____ _____ _____ _____  EXPIRATION DATE:  _____ / _____

CARDHOLDER’S NAME:  ________________________________________________________________

CARDHOLDER’S ZIP CODE:  _____ _____ _____

SIGNATURE:  ______________________________________  DATE:  ____________________________