

Duplicate Diploma Request

Note: Do not use this form to request your original diploma or apply for graduation.



South Central
COLLEGE

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

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.

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.		
<i>Examples:</i>	<i>Samantha Smythe</i>	<i>Samantha Ariel Smythe</i>
	<i>Sam Smythe</i>	<i>Samuel A. Smythe</i>
	<i>Samuel Aaron Smythe, Jr.</i>	<i>Samantha Ariel Smythe-Johnson</i>
		<i>Samuel Aaron Smythe IV</i>

DIPLOMA DESTINATION
<i>Timeframe for Delivery: 2 – 3 weeks</i>
<input type="checkbox"/> Pick-up diploma(s). You will be contacted by the email listed above when ready.
<input type="checkbox"/> Send diploma(s) to the address listed above.

OFFICE USE ONLY
<input type="checkbox"/> VERIFIED (No financial holds)
<input type="checkbox"/> 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:** _____