Duplicate Diploma Request



Receipt Date & Initials

A SEPARATE REQUEST FORM IS REQUIRED FOR EACH PROGRAM OF STUDY.

Print your name as you want it to	appear on your diplon	na.	
ID# N	ame	First	Middle
Note: A completed Student Name/SSN Change Form and legal proof of name change must accompany any request for diploma name that is different from the name on official TTC Registrar Records.			
Program (select only one): Associate Diploma Certificate			
Program Major:		Career Path:	
Semester of Completion:	☐ Spring ☐ Summ	ner Year:	
Address to which the diploma should be mailed:			
City	Sta	ate Zip Code _	
Home Phone:	Cell Phone:	Work Phone:	
Signature:		Date	
Other name(s) used at TTC:		DOB MM DD	YYYY
Please note:		Registrar's Office	Use Only
1. A proof of your identity is require	•	Program ID	
form. Refer to http://www.tridenttopolicies/16 adm reg/16-7-3.htm		CUM GPA:I	Honors:
acceptable documentation for pro	oof of identity.	Program GPA:	
The cost of a duplicate diploma is change without notice. You must	ust pay the fee amount in payment, supplied by the	Semester Completed:	
advance and attach a proof of pa		Date Completed:	·
TTC business office, before this form will be processed. 3. Subject to verification of completion of the certificate, diploma, or degree named above and payment of fees, your diploma will be mailed to you at the address named		Semester Conferred:	
		Conferred by:(Signatu	
above within 4-6 weeks of receip		Hold (if any):	
MAIL TO: Trident Technical Colle	_	Notes:	
Registrar's Office (RG-N Attn: Graduation	n)		
P.O. Box 118067 Charleston, SC 29423-8	067	Diploma Mailed(Date)	By(Initials)