

Registrar's Office Use
Receipt Date & Initials

Duplicate Diploma Request



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

Print your name as you want it to appear on your diploma.

Name: _____ ID# _____
First Middle Last

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.

Degree (select only one): Associate Diploma Certificate

Program Major: _____ Career Path: _____

Term of Completion: Fall Spring Summer Year: _____

Address to which the diploma should be mailed:

 City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Signature: _____ Date _____

Supply the following information if your graduation date was before May 1985.

SSN _____ Date of Birth _____

Other name(s) used at TTC: _____

Please note:

1. A proof of your identity is required when you submit this form. Refer to http://www.tridenttech.org/4950_5341.htm for a list of acceptable documentation for proof of identity.
2. The cost of a duplicate diploma is \$10.00. This fee may change without notice. You must pay the fee amount in advance and attach a proof of payment, supplied by the 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 above within 4-6 weeks of receipt of this request.

MAIL TO:

**Trident Technical College
 Registrar's Office (RG-M)
 Attn: Graduation
 P.O. Box 118067
 Charleston, SC 29423-8067**

Registrar's Office Use Only

Program ID _____

CUM GPA: _____ Honors: _____

Program GPA: _____

Semester Completed: _____

Date Completed: _____

Semester Conferred: _____

Conferred by: _____
(Signature & Date)

Hold (if any): _____

Notes: _____

Diploma Mailed _____ By _____
(Date) (Initials)