Registrar's Office Use

Receipt Date & Initials

Duplicate Diploma Request

TRIDENT TECHNICAL COLLEGE
STUDENT SERVICES | Registrar's Office

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

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

ID # _____ **Name** _____ (Last) _____ (First) _____ (MI)

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 _____ (MM) _____ (DD) _____ (YYYY)

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 _____ (Date) By _____ (Initials)