Registrar's Office Use

# Duplicate Diploma Request

Receipt Date & Initials

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 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 FDTC Registrar Records.***

Program (select only one): ☐ Associate ☐ Diploma ☐ Certificate

Program Major: _____ Career Path: _____

Semester 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.

| | | | -- | | | -- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | MM | | DD | | YYYY |

Other name(s) used at FDTC:

Please note:

1. A proof of your identity, SC DL or SC ID, is required when you submit this form.
2. The cost of a duplicate diploma is $25.00. This fee may change without notice. You must pay the fee amount in advance and attach a proof of payment, supplied by the FDTC 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:**
**Florence-Darlington Technical College**
**Registrar's Office**
**Attn: Graduation**
**P.O. Box 100548**
**Florence, SC 29502-0548**

**Registrar's Office Use Only**

Program ID _____
CUM GPA: _____ Honors _____
Program GPA: _____
Semester Completed: _____
Date Completed: _____
Semester Conferred: _____
Conferred by: _____
(Signature and Date)
Hold (if any): _____
Notes:
_____
_____
_____
Diploma Mailed _____ By _____
(Date) (Initials)

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