

REPLACEMENT/DUPLICATE REQUEST FORM

Please print

Name on CCON Record:	Date of Birth:
Last 4 digits of SSN or Student ID# (If known):	Date of Graduation:

Mail My Diploma	<p>A replacement diploma may be requested if your original diploma has been lost or destroyed, or your name has changed since graduation.</p> <p>Instructions: Print out and complete this form using the name under which you were registered as a student. Include first name, middle name/initial, and last name. If the original diploma name is different from your current name, and if you want the duplicate diploma issued in your current name, you must also submit a "Name Change Form" along with one form of identification and one court document so your permanent record is changed to your current name.</p> <p>To obtain a replacement diploma you must complete and sign this section and submit your form with the required fees.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> My diploma has been lost or damaged</p> <p><input type="checkbox"/> My name has changed since graduation and I am requesting a diploma with my new name <i>Important: This option requires submission of a "Name Change Form" with supporting documents to ensure that CCON records match your diploma.</i></p> <p><input type="checkbox"/> Other (Please explain):</p> </div> <div style="width: 50%;"> <p>Mail my replacement/duplicate diploma to this address:</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Contact Information:</p> <p>Email _____</p> <p>Phone number _____</p> </div> </div>
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Authorization	<p>Student Pickup or Authorization for Third Party Pickups</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Student Signature Date </p> <p>_____ is authorized to pick up on my behalf.</p> <p style="color: red; font-weight: bold;"><i>First and last name of authorized individual (valid photo ID required)</i></p>
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Payment Method	<p>The fee for a replacement diploma is \$25.00. <i>Please allow 6-8 weeks for processing and delivery</i></p> <p style="text-align: center;"><u>METHOD OF PAYMENT</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Check <i>(Payable to CCON)</i> </div> <div style="text-align: center;"> <input type="checkbox"/> Cash <i>(In person only)</i> </div> <div style="text-align: center;"> <input type="checkbox"/> MC / VISA / AE/ Discover <i>(Circle one)</i> </div> </div> <p>Card holder Name _____</p> <p>Credit Card # _____</p> <p>Expiration Date _____</p> <p><i>Submit this form to the Registrar's Office in person, by mail, or by fax to 4425 North Port Washington Road, Glendale, WI 53212 Fax: 414-326-2331</i></p>
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Office Use	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> Payment received</p> <p><input type="checkbox"/> Degree/holds verified</p> <p><input type="checkbox"/> Name Change- Form with appropriate documents received</p> <p style="margin-left: 20px;"><input type="checkbox"/> 1st ID - Copy of: State ID _____ SSN _____ Passport _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> 2nd ID - Copy of: Court Document: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copies of both ID's attached</p> </div> <div style="width: 35%;"> <p>Date request received: _____</p> <p>Date mailed: _____</p> </div> </div> <p style="text-align: right; font-size: small;"><i>created 12.26.14</i></p>
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