

Student Records 3325 Marvin Sands Drive Canandaigua, NY 14424-8395 (585)785-1675 Fax (585) 394-0635 Email: <u>studentrecords@flcc.edu</u>

## **Duplicate Diploma Request**

This form is to be used to request a replacement/duplicate diploma. Please note that the diploma will be printed on the most recent diploma paper with current official signatures, as such, the replacement/duplicate diploma may not be an exact copy of the diploma you received previously. The fee for a replacement/duplicate diploma is \$20.

Please print clearly		
Student ID Number:	Date of Birth:/	/
Last Name	First Name	Middle Initial
Street Address	City	State Zip Code
() () Home Phone Number Cell Pho	one Number	@ e-mail
Replacement/Duplicate Diploma Requested: AA: AAS:	] AS: [] CRT: [] Program:	
Name, as you'd like it to appear on your FLCC dip	loma:	
First Middle or Middle i	nitial Last	
Send my replacement/duplicate diploma to: Same address as above: Address below: Institution / Name: Office: Street Address:		
City State, Zip Code:		
Submit this completed form, and your \$20 payment (check, money order or credit card) to the Student Records office. Please make checks or money orders payable to 'Finger Lakes Community College'.	FOR OFFICIAL USE ONLY:         Amount Paid:       Receipt #:         Date receipted:       By:         Date sent:       By:	

**Nondiscrimination Notice**: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

## Finger Lakes Community College

Student Records Office, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395 *Tel: 585-785-1675 ~ Fax: 585-394-0635* 

## DUPLICATE DIPLOMA REQUEST - CREDIT CARD PAYMENT AUTHORIZATION

Print Student's Name:
FLCC ID No.: OR Student's Soc. Sec. No:
No. of Duplicate Diplomas Requested Total Amount: \$ (\$20 per copy)
Please check one: Discover Card  Master Card  Visa  Visa
Credit Card No.: Expiration Date:
Enter your 3 or 4 Digit Card Verification Value
that appears on your Credit Card (see example below) (Required) :
Autoread Sprature Security Sec
Print Cardholder's Name:
Credit Cardholder's Address (where you receive your credit card statements):
Street Address or P. O. Box
City State Zip Code
Cardholder's Telephones:
By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I have read and understand the statements and policies as set in the FLCC Catalog.
X
Cardholder Signature Date
FOR OFFICIAL USE ONLY: Amount Paid: Receipt #: Date receipted: By: