

**GUILFORD TECHNICAL COMMUNITY COLLEGE**

PO Box 309 • Jamestown, NC 27282 • 336/334-4822 or 336/454-1126 • TTY 336/841-2158

**Request for Degree/Diploma/Certificate Reprints**

Legal name only. No nicknames, etc. Name must match school records.

First Name	Middle Name	Last Name	Maiden Name (if applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ GTCC Email: (If Active) \_\_\_\_\_

Personal Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone(s): Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Please mail the form with payment to the Cashier's Office at

*Guilford Technical Community College Attention Cashier's Office P.O. Box 309 Drawer R Jamestown, NC 27282*

( ) Please check the box if you would like your Degree(s), Diploma(s), Certificate(s) mailed to you.

Please indicate the number of (Degree(s), Diploma(s), Certificate(s) you would like to order below in the Award box.

I am requesting a reprint for the following earned awards.

<u>Award</u>	<u>Fee</u>
( ) Degree (Two-Year)	\$10.00
( ) Diploma (One-Year)	\$10.00
( ) Certificate	\$5.00

Name of degree(s), diploma(s), certificate(s): _____ _____ _____
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Please indicate what year you graduated: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only:*

Program: \_\_\_\_\_ Program Code: \_\_\_\_\_ Student ID: \_\_\_\_\_

Certificate Payment Received (Cashier's Office)

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Receipt. No.: \_\_\_\_\_

Notes: \_\_\_\_\_