Replacement Diploma Request

Office Use Only
Receipt # _____
Amount _____
Date _____
____ Cash ____ Check

Please return to:
Roane State Community College
Attention: Sandra Brock
701 Briarcliff Avenue
Oak Ridge, TN 37830

Personal Information

1. Student ID: R ___ ___ ___ ___ ___ ___ ___ ___

2. Print your full name AS YOU WISH IT TO APPEAR ON THE DIPLOMA:

First Middle Last

3. Provide PERMANENT mailing address for receipt of diploma:

_____

Street # and Name/Box #/Apt. # City State Zip

Degree Information

Graduation Year: _____ Term: _____

(Summer, Fall, or Spring)

Degree Awarded:

_____ Certificate: Option _____

_____ Associate of Applied Science: Option _____

_____ Associate of Science

_____ Associate of Arts

_____ Associate of Science in Teaching

Please note that the signatures on your replacement diploma may not be the same signatures that were issued on your original diploma.

Cost for a replacement diploma is $10. This is a non-refundable fee for processing this request. Submit this form and payment to the Roane State Business Office for processing.

You can expect your replacement diploma within 5 days of this request.

I agree to the terms of this request as stated above: _____

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