



CALHOUN
COMMUNITY COLLEGE

DIPLOMA REQUEST FORM

OFFICE OF ADMISSIONS AND RECORDS • P.O. Box 2216 • Decatur, AL 35609

Graduates requesting a replacement of a previously issued diploma and graduates who did not originally request a diploma upon completing the graduation application should submit this form.

There is a \$25.00 fee for all diplomas
Please make checks payable to Calhoun Community College.
Submit payment with form and mail to:

Calhoun Community College, Attn: Business Office, P.O. Box 2216, Decatur, AL 35609

Diplomas will be delivered to your address below. Please allow 4-6 weeks to receive diploma.

Name as it appears on diploma:	<i>Last</i>	<i>Middle</i>	<i>First</i>
Previous name (if any):	<i>Last</i>	<i>Middle</i>	<i>First</i>
Address:	<i>Street</i>	<i>Apt. #</i>	<i>City</i> <i>State</i> <i>ZIP Code</i>
C# or SSN#:	Date of Birth:	/	/
		<i>Month</i>	<i>Day</i> <i>Year</i>
Degree earned:	<input type="checkbox"/> <i>Associate of Science</i>	<input type="checkbox"/> <i>Associate of Applied Science</i>	
	<input type="checkbox"/> <i>Associate of Arts</i>	<input type="checkbox"/> <i>Certificate</i>	
Major:	Graduation Term:	/	<i>Semester</i> <i>Year</i>
Phone:	Email:		
Signature:	Date:		

FOR OFFICE USE ONLY:

Fee Paid: _____ Receipt #: _____ Business Office Initials: _____

Diploma Mailed On: _____

Notes: _____
