



REQUEST FOR DUPLICATE DIPLOMA/DEGREE/CERTIFICATE

Please Print clearly.

Student ID Number or Last 4-digits of SSN#: _____ DOB: _____

Name (as it was when you graduated): _____

Printed Credential Name (Please write your name EXACTLY as you want it to appear on the credential, Examples Taylor Jordan Smith, Taylor Smith, Taylor J. Smith Jr, etc.):

Current mailing address (please include street or PO Box, city, state, zip code):

Address _____

City _____ State _____ Zip _____

E-mail: _____ Phone: (____) _____

What type of credential(s) did you earn:

____ Associate Degree (please list major if applicable) _____

____ Diploma (please list major) _____

____ Certificate (please list major) _____

Year Graduated: _____ Semester Graduated (if known): ____ Spring ____ Summer ____ Fall

(Signature)

(Date)

Note: There is currently no cost for this reorder. Please allow 6-8 weeks for processing

Send this form by mail or e-mail. The form must be completed, signed, and dated.

**Cape Fear Community College
Attn: Registrar's Office (Diploma reorder)
411 N Front St
Wilmington, NC 28401**

registrar@cfcc.edu

Disclaimer: All certificates/diplomas/degrees will be printed with the current college name and signatures.