Duplicate Diploma Request

DAYTONA STATE COLLEGE

www.DaytonaState.edu

Records Office • Fax: (386) 506-4489
• Phone: (386) 506-3876
• Records@DaytonaState.edu

Student ID Number

Last Name (Please Print)*   **Maiden/Other Name**

First Name   **Middle Initial**

Street Address

City   **State**   **Zip Code**

Phone Number

* Name on original diploma will print on the duplicate diploma. A request for a name change on a duplicate diploma will not be processed.

Type of Degree or Certificate Received

☐ BACHELOR   ☐ AS

☐ AAS   ☐ Certificate

☐ AA   ☐ High School Diploma

Date Issued

Program of Study (Major Name)

This request cannot be processed without your signature.

Student's Signature   **Date**

FOR OFFICE USE ONLY:

Office of Student Accounts:

Fee: $10   Date Payment Received _____

Cashier's Signature _____

Records Office:

Program Code: _____

Processed By _____ Date _____

Date Mailed _____