



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.*

*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>	
Student ID 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:**

Diploma Mailed On: \_\_\_\_\_

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

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