



# Application For A Duplicate Diploma/Certificate

Name: \_\_\_\_\_ Student ID# or SS# \_\_\_\_\_  
(First) (Last)

Mailing Address: \_\_\_\_\_  
No. Street. City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please reprint a duplicate:**

Check One  Diploma  Certificate

Date Degree/Certificate Was Earned: \_\_\_\_\_

Type of Degree: AA \_\_\_\_\_ AS \_\_\_\_\_

**Print Name Exactly As You Want Printed:** \_\_\_\_\_

Check how you want to be notified when diploma/certificate is available.  
*(Will be mailed to the above address, unless notified otherwise)*

Mail  Phone

Please remit \$20.00 in check or money order payable to LBCC to cover the cost of printing, postage & handling

<b>OFFICE USE ONLY</b>	
Paid _____	
DATE RECEIVED: _____	STAFF INITIALS: _____