



# Degree/Diploma/Certificate Replacement/Additional Copy Request

*(Not for GED use)*

### Contact Information

Name: \_\_\_\_\_  

First
Middle
Last

Student ID#: \_\_\_\_\_

### Current Address

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Graduation Information

Graduation Year \_\_\_\_\_ Semester \_\_\_\_\_

Name during RCCC attendance \_\_\_\_\_  

First
Middle
Last

Name as you want it to appear on document:

\_\_\_\_\_

Print legibly

Allow 4-6 weeks for processing

Program Code	Program Title	Number Requested (\$10 ea.)	Office Use			
			Graduation date	Staff	Ordered	Mailed

Submit to: **RCCC Navigation Station**  
or

Mail to: **Rowan-Cabarrus Community College  
Navigation Station  
P.O. BOX 1595  
Salisbury, NC 28145**

**Do Not Send Cash via Postal Service – Check or Money Order Only.**

Office Use	
Received by	
Amount	
Date	