



**Alvin Community College
Replacement Diploma**

MUST BE PRINTED IN INK:

_____-_____-_____
Social Security Number

Last First Middle

Print name as it appeared on original degree or certificate:

First name Middle name Last name

If you are a current student, we will mail the replacement diploma to the address on file. If you're not currently enrolled, indicate where you want your replacement diploma mailed to below.

<p>Mail my diploma to the address below (only if not a current student)</p> <p>Address: _____</p> <p>City/St/Zip: _____</p> <p>Phone: _____</p>

Previous Graduation Date:
Month _____
Year _____

What degree did you previously receive?
Check all that apply and write the specific major in appropriate space(s) below

- [] Associate in Arts Degree in: _____
- [] Associate in Science Degree in: _____
- [] Associate in Applied Science in: _____
- [] Certificate in: _____

Replacement Diploma Fee: \$45.00 for each separate diploma

- [] Check enclosed; check must depict street address (not P.O. Box) and driver's license #
- [] Credit Card (check one) Name of cardholder: _____

____ American Express Account # _____

____ Mastercard

____ Visa Expiration Date ____/____

____ Discover

Applicant's Signature _____
Date

Alvin Community College
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Alvin, TX 77511
281-756-3834 fax