

## Amarillo College Diploma Reprint Request

Social Security # <u>or</u> AC ID #: _	Dar	te of request:
Diploma Name (Note: Must Be	Legal Name*):	
Type of degree:	Major: _	
Graduation term:	Signature	e:
MAILING ADDRESS FOR D	IPLOMA:	
Name:		
Street:		
City:	State:	Zip:
\$15 D The diploma replacement fee**	<i>Diploma Fee Payment</i> is \$15,00 per each diploma	Options .
1. Payment by Check.	Amarillo College and subm	it it with this form.
2. Payment by Credit Card Complete the below information	ation and submit this form to	the Registrar's Office.
Credit Card #:	CSC/CVV/CVC Code_	Expiration date:
Circle one: Discover	MasterCard Visa	American Express
Mailing Address for Form:		

Amarillo College c/o Registrar's Office P.O. Box 447 Amarillo, TX 79178

\*If applicable, please list your name with either the middle name spelled out or just listed as an initial dependent on how you would like your middle name represented on your diploma.

\*\*Replacement fees are charged to students who misplace their previous diplomas, request multiple diploma copies, or in instances where diplomas are not picked up within a one year period from the point the degree/certificate was processed. Although the original date of graduation will be shown on the diploma, please note that the signatures may be that of the current administration (e.g. current president, dean, etc.).