



Diploma Reprint Request

(TWO WEEKS TO PROCESS REQUEST)

Name: _____
LAST FIRST MIDDLE INITIAL

Phone Number: _____ Email: _____

Student ID#: _____

OR Date of Birth: _____ AND Last 4 of SSN: _____

DIPLOMA REPRINT # x \$10/DIPLOMA = TOTAL
DIPLOMA COVER # x \$15/COVER = TOTAL

TERM AND YEAR OF GRADUATION: FALL SPRING SUMMER _____
GRADUATION YEAR

CHECK ONE:

- Please **HOLD** my diploma reprint for pick up in the Admissions Office.
- Please **MAIL** my diploma reprint to the following address:

STREET NUMBER STREET NAME

CITY STATE ZIP CODE

WAYS TO SUBMIT PAYMENT:

Payment may be called in to the Business Office (850) 769-1551 x 3879 or paid in person in the Administration Building. **A RECEIPT MUST ACCOMPANY REQUEST.**

WAYS TO SUBMIT REQUEST:

1. In person at the Enrollment Services Office with proof of payment from the Business Office.
2. FAX this completed form with a legible COLOR copy of your photo ID bearing signature and proof of payment from the Business Office to 850-913-3308.
3. Email this completed form with a legible COLOR copy of your photo ID bearing signature and proof of payment from the Business Office to GCSCGRADUATION@gulfcoast.edu
4. Mail this completed form with a legible COLOR copy of your photo ID bearing signature and payment in the form of check or money order payable to Gulf Coast State College to:

ENROLLMENT SERVICES
ATTN: GRADUATION SPECIALIST
5230 W HWY 98
PANAMA CITY, FL 32401

FOR OFFICE USE ONLY

SHADEGR Verified Degree Earned _____ Receipt Attached ID & Identity Confirmed

of Reprints REQUESTED # of Diploma(s) PRINTED Diploma MAILED or PICKED UP

Cover Requested? YES NO Reprint completed by _____ DATE _____
EMPLOYEE SIGNATURE