



Request for Replacement of Diploma

Name at the time of graduation: _____

ID Number or Social Security Number: _____

Please check which degree(s) and/or certificate(s) you received:

Associate of Arts

Associate of Applied Science Major: _____

Certificate Major: _____

Term and Year Graduated: _____

Please print name exactly as you would like for it to appear on your diploma:

Current Mailing Address: _____

Telephone Number: _____

- Please allow for four to six weeks for processing.
- Diploma reprints are \$10.00 per each degree or certificate received. You can pay by check or money order, payable to Temple College or you can pay by phone with the Cashier's Office at 254-298-8610.
- You can mail or fax the request to: Temple College
Admissions and Records Office
2600 S. 1st St.
Temple, TX 76504
Fax Number: (254)-298-8288

Signature

Date