

## **Duplicate Diploma or Certificate Request**

udent ID Number		Student Name (Last, First,	Student Name (Last, First, MI)		
me at Ti	me of Graduation or Com	pletion	Date of Birth (MM/DD/YYYY)		
dress		City	State	Zip	
nary Telephone Number Second		Secondary Telephone Number	Email Address		
		Provide appropriate diploma or certifica	te information:		
	Associate in Arts Program Title		Graduation Date		
	Associate in Science Program Title		Graduation Date		
	Associate in Applied Science Program Title		Graduation Date		
	Certificate Program Title		Graduation Date		
	Adult High School or Co	ollegiate High School	Graduation Date		
	Non-Credit Course Com Course Title	pletion Certificate	Completion Date		
the \$1 and Ro You sh Pensa	O fee to a Pensacola State ecords office, and your du nould receive your duplic	cate Request must be submitted along with a College Cashier's office. After payment, uplicate diploma or certificate will be prepate diploma within two weeks. Effective sacola State College. Duplicate diplomas we name change.	the request will be forwarded ared and mailed to the address July 1, 2010, the College's na	I to the Admissions ss indicated above. ame changed from	
	•	Pensacola State College. Duplicate diplom Vest Gaines, Room 364, Tallahassee FL 323	•	sted from the State	
	nt Signature				

Mail this form with payment and copy of photo identification card to Pensacola State College Cashier
1000 College Boulevard
Pensacola, FL 32504-8998

Pensacola State College does not discriminate on the basis of race, color, national origin, sex, disability, age, ethnicity, religion, marital status, pregnancy, sexual orientation, gender identity or genetic information in its programs, activities and employment. For inquiries regarding the College's non-discrimination policies, contact the Executive Director of Institutional Equity and Student Conduct, 1000 College Boulevard, Building 5, Pensacola, Florida 32504, (850) 484-1759.