

Replacement Diploma Request

Office Use Only
Receipt #
Amount
Date
Cash Check

Please return to: Admissions, Records, & Graduation Roane State Community College 276 Patton Ln Harriman, TN 37748

Personal Infor	mation					
1. Student ID: R						
2. Print your fu	ll name AS YOU	WISH IT TO APP	EAR ON TH	HE DIPLOM	A:	
First	٨	Middle		Last		
3. Provide PE	RMANENT mailir	ng address for rec	eipt of diplo	ma:		
Street # and Na	me/Box #/Apt. #	City		State	Zip	
Phone: ()					
Degree Inform	ation					
			т			
Graduation Yea	ar:		_			
Graduation Yea	ar:		_		r, Fall, or Spring)	
Graduation Yea			_ Ierm:			
Degree Awarde	ed:			(Summe	r, Fall, or Spring)	
Degree Awarde	ed: ficate: Option			(Summer	r, Fall, or Spring)	
Degree Awarde Certi	ed: ficate: Option			(Summer	r, Fall, or Spring)	
Degree Awarde Certi	ed: ficate: Option ciate of Applied \$			(Summer	r, Fall, or Spring)	

Please note that the signatures on your replacement diploma may not be the same signatures that were issued on your original diploma.

Cost for a replacement diploma is \$10. This is a non-refundable fee for processing this request. Submit this form and payment to the Roane State Business Office for processing.

You can expect your replacement diploma within 5 days of this request.

I agree to the terms of this request as stated above: _____