



# CENTRAL GEORGIA TECHNICAL COLLEGE

## REPLACEMENT FORM

OFFICE OF THE REGISTRAR

Diploma     Degree     Certificate    *Complete this Form and sign below. PLEASE PRINT CLEARLY.*

Print and complete the form, using the name under which you were registered as a student. Include first name, middle name/initial, and last name. If the original diploma name is different from your current name, and if you want the duplicate diploma issued in your current name, you must also submit a "Name Change Form" along with original Social Security Card so your permanent record is changed to your current name. You may fax or mail the form to one of our campuses listed at the bottom of this form.

**PLEASE NOTE: Duplicate and/or reissued diplomas are printed with the current President's name**

|                               |  |                         |               |  |   |        |  |  |
|-------------------------------|--|-------------------------|---------------|--|---|--------|--|--|
| Legal Name of Student (First) |  |                         | (Middle Name) |  |   | (Last) |  |  |
| Address of Student (Street)   |  |                         |               |  |   | (Apt.) |  |  |
| (City)                        |  |                         | (State)       |  |   | (ZIP)  |  |  |
| (Student ID)                  |  | Birthdate (Mo, Day, Yr) |               |  | Social Security Num.(Opt if student ID) |        |  |  |

Clearly print your name exactly as you wish it to appear on the replacement degree/diploma/certificate

|                 |  |                                    |  |        |  |
|-----------------|--|------------------------------------|--|--------|--|
| Graduation Date |  | Degree /Diploma/Certificate Earned |  | Honors |  |
| Graduation Date |  | Degree/Diploma/Certificate Earned  |  | Honors |  |

**Number of replacement diploma(s) requested \_\_\_\_\_ @ \$25 ea = \$ \_\_\_\_\_**

**Delivery method:**     Mail (complete the section below)                       Pick-up (allow up to 3 days)

**MAIL MY DIPLOMA TO:**

|                                  |  |       |     |
|----------------------------------|--|-------|-----|
| Name                             |  |       |     |
| Street (if different from above) |  |       |     |
| City                             |  | State | ZIP |
| Email                            |  | Phone |     |
| Student's Signature              |  | Date  |     |

**For office use only**

|   |  |        |
|---|--|--------|
| Verified by:                                |  | Date   |
| Used to verify the correct record.(SHADGMQ) |  | Holds: |
| Comments                                    |  |        |

A request for a replacement diploma may take two to four weeks to process. Call Cashier to a make payment by phone at 478-757-3412. If you have any questions, please call (478) 757 – 5294. Diplomas are not issued if a student has any unmet obligations to the college.

**MACON CAMPUS**  
 Central Georgia Technical College  
 Office of the Registrar  
 3300 Macon Tech Drive  
 Macon GA 31206  
 FAX 478-757-3454

**MILLEDGEVILLE CAMPUS**  
 Central Georgia Technical College  
 Office of Admissions  
 54 Highway 22 West  
 Milledgeville, GA 31061  
 FAX 478-445-2334

**WARNER ROBINS CAMPUS**  
 Central Georgia Technical College  
 Office of the Registrar  
 80 Cohen Walker Drive  
 Warner Robins, GA 31088  
 FAX 478-988-6947