



A Unit of the Technical College System of Georgia

**Office of the Registrar**  
 80 Cohen Walker Drive  
 Warner Robins, GA 31088  
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 f: (478) 757-3454  
 e: registraroffice@centralgategatech.edu

## CREDENTIAL (DEGREE/DIPLOMA/CERTIFICATE) REPLACEMENT FORM

Print and complete this form using the full name under which you were registered as a student at CGTC. **Please print clearly.** If you are requesting a credential under a different name from when you were registered as a student at CGTC, you must also submit a *Name Change Form* with an original social security card that reflects your current name. Replacement credentials will NOT be issued if you have any unmet obligations to the College. Replacement credentials will be printed with the name of the current college president.

| Student and Graduation Information  |                                   |   |           |
|---|-----------------------------------|---|-----------|
| Legal First Name  |                                   | Middle Name                                       | Last Name |
| Street Address  |                                   |   | Apt.      |
| City  |                                   | State   | Zip Code  |
| Phone Number  |                                   | Email Address                                     |           |
| Student ID Number   | Birthdate (Month/Day/Year)        | Social Security Number (optional with student ID) |           |
| What type of replacement credential are you requesting: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate   |                                   |   |           |
| Clearly print your name <b>exactly</b> as you wish it to appear on the replacement degree/diploma/certificate   |                                   |   |           |
| Graduation Date*  | Degree/Diploma/Certificate Earned | Honors  |           |
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| <b>Number of replacement degrees/diplomas/certificates requested:</b> _____ x \$25.00 each = \$_____  |                                   |   |           |
| Payment can be made by cash, check, money order, or credit/debit card (Visa or MasterCard) at the cashier window (Warner Robins: A-129, Macon: J-152, Milledgeville: A-141), by phone at (478) 757-3412, or by mail to: Central Georgia Technical College, ATTN: Cashier, 3300 Macon Tech Dr., Macon, GA 31206. |                                   |   |           |
| Credential Delivery Information   |                                   |   |           |
| How would you like to receive your credential (select one): <input type="checkbox"/> Mail (complete the section below) <input type="checkbox"/> Pick-up (allow three business days*)  |                                   |   |           |
| *If you graduated before December 31, 2000, your request may take two to four weeks to process.   |                                   |   |           |
| Name  |                                   |   |           |
| Street Address (if different from above)  |                                   |   | Apt.      |
| City  |                                   | State   | Zip Code  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

| For Office Use Only                          |        |
|--|--------|
| Verified by:                                 | Date:  |
| Used to verify the correct record (SHADGMQ): | Holds: |
| Comments:                                    |        |