

Student Records

3325 Marvin Sands Drive Canandaigua, NY 14424-8395 (585)785-1675 Fax (585) 394-0635

Email: studentrecords@flcc.edu

## **Duplicate Diploma Request**

This form is to be used to request a replacement/duplicate diploma. Please note that the diploma will be printed on the most recent diploma paper with current official signatures, as such, the replacement/duplicate diploma may not be an exact copy of the diploma you received previously. The fee for a replacement/duplicate diploma is \$20.

Please print clearly											
Student ID Number:		Date	e of B	irth:		_/	/_				-
Last Name		First Name							Middle Initial		
Street Address			City				State		Zip	Co	de
() ()Cell	- Phone Number	•					e-ma	@ ail	)		
Replacement/Duplicate Diploma Requested: AA: A	S:	CRT:		Prog	ram:						
Name, as you'd like it to appear on your FLCC	diploma:										
First Middle or M											
Send my replacement/duplicate diploma to:											
Same address as above: Address below:											
Institution / Name:											
Office:								_			
Street Address:								_			
City State, Zip Code:								_			
I certify that the information provided on this form is, to the bes	of my knowledg	e and beli	ef, true	and co	rrect.						
Signature:					Da	ite: _					
Submit this completed form, and your \$20 payment (check, money order or credit card) to the	FOR C	FFICIAL	USE	ONLY:							
Student Records office.		Amount Paid: Receipt #:									
Please make checks or money orders payable to 'Finger Lakes Community College'.		eceipted:			By:	:			_		

**Nondiscrimination Notice**: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

## Finger Lakes Community College

Student Records Office, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395  $\textit{Tel: 585-785-1675} \sim \textit{Fax: 585-394-0635}$ 

## DUPLICATE DIPLOMA REQUEST - CREDIT CARD PAYMENT AUTHORIZATION

Print Student's Name:	rst Middle			
Last Fir	st Miaaie			_
FLCC ID No.:	OR Stude	nt's Soc. Sec. No:		
No. of Duplicate Diplomas Ro	equested Total A	mount: \$ (\$20 pe	r copy)	
Please check one: Discover Co	ard □ Master Card □	Visa □		
Credit Card No.:  Month Year	Exp	piration Date:		
Enter your 3 or 4 Digit Card	Verification Value			
that appears on your Credit	Card (see example below	) (Required) :		
	v	IISA, MASTERCARD, DISCOVER		
		For customer service, call 0000000000 Mondators of	Seuferunties (0.000 34)	
		Authorized Sgneture N	iot Valid Onlets Signed	
		5412490	eartica at S	
		By using this card the holder agrees to all terms under a This said is would by (full hour Name) pursuant to lice by MasserCard Hoematienal.	which it was isound. noe	
		A DIGIT OLDS LESSING		
		3 DIGIT CARD VERIFICA	ATION VALUE	
Delat Condition In No.				
Print Cardholder's Name:	Last	First	Middle	
Credit Cardholder's Address	s (where you receive you	and statements):		
Credit Cardiloider's Address	(where you receive your	creati cara statements).		
Street Address or P. O. Box				
Sirect Man ess of Tr of Box				
City	State	Zip Code		
Cardholder's Telephones:				
Day DDD D		Evening		
By signing below, I agree to pay the Catalog.	ne above-mentioned total am	ount. I acknowledge that I h	ave read and understand the sta	tements and policies as set in the FLCC
X				
Cardholde	er Signature	Date		
FOR OFFICIA	L USE ONLY: Amount Pa	id: Receipt #:	Date receipted:	By: