



Diploma Reprint Request

(TWO WEEKS TO PROCESS REQUEST)

Name: _____
LAST FIRST MIDDLE INITIAL

NAME AS PRINTED ON DIPLOMA: _____

Phone Number: _____ Email: _____

Student ID#: _____

OR Date of Birth: _____ AND Last 4 of SSN: _____

DIPLOMA REPRINT # x \$10/DIPLOMA =
TOTAL

TERM AND YEAR OF GRADUATION: FALL SPRING SUMMER _____
GRADUATION YEAR

Please MAIL my diploma reprint to the following address:

STREET NUMBER STREET NAME

CITY STATE ZIP CODE

WAYS TO SUBMIT PAYMENT:

Payment may be called in to the Business Office (850) 769-1551 x 3879 or paid in person in the Administration Building. A RECEIPT MUST ACCOMPANY REQUEST.

WAYS TO SUBMIT REQUEST:

- In person at the Enrollment Services Office with proof of payment from the Business Office.
- FAX this completed form with a legible COLOR copy of your photo ID bearing signature and proof of payment from the Business Office to 850-913-3308.
- Email this completed form with a legible COLOR copy of your photo ID bearing signature and proof of payment from the Business Office to GCSCGRADUATION@gulfcoast.edu
- Mail this completed form with a legible COLOR copy of your photo ID bearing signature and payment in the form of check or money order payable to Gulf Coast State College to:

ENROLLMENT SERVICES
ATTN: GRADUATION SPECIALIST
5230 W HWY 98
PANAMA CITY, FL 32401

DIPOLMAS ARE MAILED THROUGH PARCHMENT DIPLOMA SERVICES.
YOU WILL RECEIVE AN EMAIL ONCE YOUR REQUEST HAS BEEN PROCESSED.

FOR OFFICE USE ONLY

SHADEGR Verified Degree Earned _____ Receipt Attached ID & Identity Confirmed
of Reprints REQUESTED # of Diploma(s) PRINTED Diploma MAILED or PICKED UP
Cover Requested? YES NO Reprint completed by _____ DATE _____
EMPLOYEE SIGNATURE