

# DUPLICATE DIPLOMA REQUEST FORM

(Curriculum Programs Only)  
**Lenoir Community College**

P.O. Box 188 Kinston, NC 28502-0188 Ph# (252) 527-6223 Fax # (252) 233-6895

NO DIPLOMAS WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED.  
(EXAMPLE: PARKING TICKETS, LIBRARY FINES, OVERDUE BOOKS, CAMERA EQUIP., ECT.)

**Please allow two weeks for diploma printing.**

CHECK ONE: **PICK UP:** \_\_\_\_\_ **MAIL:** \_\_\_\_\_

If someone else will pick up your diploma provide his/her name here (ID is required): \_\_\_\_\_

**STUDENT I.D. NUMBER:** \_\_\_\_\_

(Please print)

**FULL NAME:** \_\_\_\_\_

First

Middle/Maiden

Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Last name while enrolled (if different): \_\_\_\_\_ Last year you attended LCC: \_\_\_\_\_

Name to be printed on duplicate diploma: \_\_\_\_\_

MAIL MY DIPLOMA TO: \_\_\_\_\_

Full Name

Full Mailing Address \_\_\_\_\_

Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other instructions (if applicable): \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

FOR OFFICE USE ONLY: \_\_\_\_\_ MAILED \_\_\_\_\_ PICKED UP  
\_\_\_\_\_ INITIALS \_\_\_\_\_ DATE