

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
Email: regoffice@lenoircc.edu

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: _____
(or last 4 digits of your SS# and date of birth)

(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** _____