Gordon State College
419 College Drive
Barnesville, Georgia 30204

REQUEST FOR REPLACEMENT DIPLOMA

Name:_____

GCID #_____ **Date of Birth:**_____

Mailing Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Phone:_____ **Email:**_____

DIPLOMA INFORMATION

Degree Received:_____ **Graduation Term/Year:**_____

Name EXACTLY as it should appear on your diploma:

_____

The fee for the replacement diploma must be submitted along with this form to the Gordon State College Business Office. Diplomas will be mailed six to eight weeks after receipt of payment.

QUANITY	COST PER DIPLOMA	TOTAL COST
	$13.80	

_____ _____

Student's Signature **Date**

*****OFFICIAL USE ONLY*****

Payment Received by Gordon State College Business Office:_____

Diploma Ordered by Gordon State College Registrar's Office:_____

Diploma Mailed to Student by Gordon State College Registrar's Office:_____