



Alvin Community College Replacement Diploma

MUST BE PRINTED IN INK:

SSN _____

Student ID _____

Student Name _____

First

MI

Last

Print name as it appeared on original degree or certificate:

First name

Middle name

Last name

If you are a current student, we will mail the replacement diploma to the address on file. If you're not currently enrolled, indicate where you want your replacement diploma mailed to below.

Address: _____

City/St/Zip: _____

Phone: _____

Degree previously received - Check all that apply and write the specific major in appropriate space(s) below:

[] Associate of Arts Degree in: _____ Month/Year _____

[] Associate of Arts in Teaching Degree in: _____ Month/Year _____

[] Associate of Science Degree in: _____ Month/Year _____

[] Associate of Applied Science in: _____ Month/Year _____

[] Certificate in: _____ Month/Year _____

[] Certificate in: _____ Month/Year _____

Replacement Diploma Fee: \$45.00 for each separate diploma

Check enclosed; check must depict street address (not P.O. Box) and driver's license number.
Write your student ID in the memo line.

Money order enclosed. Write your student ID in the memo line.

You may also call the Business Office Cashier at 281-756-3593 to pay via credit card.

Applicant's Signature

Date

Alvin Community College
Registrar's Office – Graduation Specialist
3110 Mustang Rd.
Alvin, TX 77511

Business Office Use Only	
Amount paid _____	Date _____
Receipt # _____	Cashier _____