



STUDENT REQUEST FOR REPRINT OF AWARD

(Please print your name clearly as you wish to have it printed on your diploma; check your spelling carefully as we will use this spelling in ordering your diploma.)

Name _____

Student's Social Security Number _____

Program/Certificate _____ Year _____

Today's Date _____

Complete Mailing Address (Address where you wish to have your diploma mailed.)

P.O. Box, or Street # _____

City, State Zip _____

E-mail Address: _____

Day Phone Number: _____ Evening Phone Number: _____

The Reprint fee is \$25. Please submit a check or money order payable to South Georgia Technical College to the following address:

South Georgia Technical College
Registrar's Office
900 South GA Tech Parkway
Americus, GA 31709

Payment may also be made calling the business office and paying with a debit or credit card.

Student Signature _____

REGISTRAR'S OFFICE USE ONLY

Date Received: _____

Date Mailed: _____