



Replacement Diploma Request

Name at time of graduation: _____

Name as you would like it printed on diploma _____

Please Print

Student ID or last four digits of SS number: _____ Date of Birth _____

Date of graduation: _____

Program/Degree: _____

I will pick-up diploma: _____ Yes _____ No, please mail my diploma to:

Street _____

City _____ State _____ Zip _____

Phone Number: _____ Email _____

Payment is due with diploma request.

Cost: Please Check

Diploma only: \$10.00

Diploma & Cover: \$20.00

Method of payment: Cash _____ Check _____ Credit Card _____ (list information below)

Visa _____ Master Card _____ Discover _____

Card Number: _____

Expiration Date: _____

All requests must be signed.

Please call 515-964-6647, or 1-800-362-2127 (Ext. 6647) with questions.

Fax request to: 515-964-6391

OR

Mail to:

DMACC Graduation Credentials Office
2006 South Ankeny Boulevard, Building 1
Ankeny, IA 50023-6391

Credentials Office:

Paid _____ Processed _____

Comments: