



®

Request to Order a Duplicate Cuyahoga Community College Diploma or Certificate

Please Print:

Student's Tri-CID or Social Security Number:

Student's Current Name:

Last

First

Middle Name/Initial

Student's Former or Maiden Name, if applicable:

Mailing Address:

City

State

Zip Code

Telephone Number:

Area Code

Telephone Number

Type of Degree Earned:

Year in which your degree was earned:

Student Signature:

Cost: \$20.00

Pay with cash in-person at any Enrollment Center, include a check made payable to Cuyahoga Community College or complete the credit card information below.

PLEASE NOTE: If you pay by credit card, a 2.25% non-refundable service fee will be added to the initial cost of \$20.00.

Type of Credit Card:

Credit Card Number:

Expiration Date:

Send Request to:

Cuyahoga Community College
Office of the Registrar
PO Box 5966
Cleveland, OH 44101-0966