



**Office of the Registrar - REPLACEMENT DIPLOMA ORDER FORM**

2240 Iyannough Road | West Barnstable, MA 02668  
774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Degree or Certificate Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name as you want it to appear on your diploma:

\_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cape Cod Community College graduates are able to request replacement diplomas in cases of loss, damage, or name change for a minimal fee of \$20.00. In order for your diploma to be processed, CCCC will need to verify your student information provided below. The Registrar’s Office does not maintain copies of your diploma. If you need immediate proof of your degree, the Registrar’s Office can provide an official academic transcript per paid written request.

- In accordance with FERPA, only the individual who earned the diploma can request a replacement.
- The replacement diploma will be issued with the signatures of current school officials.
- Completed forms can be mailed, faxed, or scanned and emailed to the Office of the Registrar.
- Please allow 4-6 weeks for mailing of your diploma.

**Request for name change:**

If your name has changed since graduation and you would like the name change to be used for the replacement diploma and changed in your student records, you will need to submit a **Change of Biographical Data** form with legal proof as required. For security and legal purposes, a legal document such as a marriage license, divorce decree, adoption papers, certificate of name change at naturalization, or other court order indicating change of name must be presented or attached.

**Credit Card/Payment Information (MC, Visa and Discover only):**

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Best Phone Number for Contact: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder’s Signature Required: \_\_\_\_\_

Check #: \_\_\_\_\_ Money Order: \_\_\_\_\_

<b>Office of Registrar Use:</b> Date Received: _____ Date Processed: _____
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