

**DUPLICATE DIPLOMA REQUEST**

**FULLERTON COLLEGE**  
Admissions and Records Office  
321 East Chapman Avenue  
Fullerton, CA 92832-2095  
714-905-5162

**\$15.00 Fee\***

**PLEASE PRINT LEGIBLY:** (1 request per degree received)

**Current Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

**Previous Name(s) – if any:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
LAST FIRST MIDDLE

**FC Student Permanent ID #:** @ \_\_\_\_\_ **OR Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **Degree Received (Check one):** AA  AS  AA-T  AS-T  **Major:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ / \_\_\_\_\_  
STREET APT #  
\_\_\_\_\_  
CITY STATE ZIP

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*Note: All fees are subject to change without notice to the student. Incomplete forms may result in your request being delayed.

**OFFICE USE ONLY**

ID Type: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_ Paid: \_\_\_\_\_ Date Completed: \_\_\_\_\_ By: \_\_\_\_\_