

DUPLICATE DIPLOMA REQUEST

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

\$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: _____ **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: _____