

# OZARKS TECHNICAL COMMUNITY COLLEGE

## DUPLICATE DIPLOMA REQUEST Office of the Registrar

Submit this form along with payment (check or money orders only – no cash) to:

**Ozarks Technical Community College**  
**Office of the Registrar**  
**1001 E. Chestnut Expressway**  
**Springfield, MO 65802**

**\*\* Please allow 4-6 weeks for delivery\*\***

### Information:

Today's Date: \_\_\_\_\_ Student ID (or last 4 of SSN): \_\_\_\_\_

Name: \_\_\_\_\_

Name at time of graduation (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing Address for diploma/certificate:  Check here if you do NOT want us to update your address in our records.

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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### Please type or print your name EXACTLY as you want it to appear on your diploma:

Name for Diploma: \_\_\_\_\_

Some students earn multiple degrees from OTC. We will print one degree/certificate per diploma. If you are requesting diplomas from more than two degree/certificate programs, please use an additional form.

**Diploma #1: Quantity** \_\_\_\_\_

Degree/Cert: \_\_\_\_\_

**Diploma #2: Quantity** \_\_\_\_\_

Degree/Cert: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Additional Comments or Instructions:

**There is a \$25.00 fee for each diploma/certificate printed.**

\*For replacement diploma covers, please contact the OTC bookstore at 417-447-6620.

**Total number of requested diplomas:** \_\_\_\_\_ x \$25.00 = \$ \_\_\_\_\_

Please make checks payable to: *Ozarks Technical Community College.*

Received by/Date

*Office use only:*

Date Received: \_\_\_\_\_ Ordered On: \_\_\_\_\_ Date Mailed: \_\_\_\_\_