



CITY COLLEGES
of CHICAGO

Diploma/Certificate Reprint Request

Name under which registered while attending the City Colleges of Chicago:

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix
_____	_____	_____	_____
Date of birth	College	Graduation date	CCC Student ID number (if available)
			SSN last 4 digits

_____	_____
Degree/certificate name (AA, AAS, Advanced Certificate, etc.)	Academic program (Automotive Tech, Computer Info Systems, etc.)

Name to be printed on replacement diploma/certificate if different from above (subject to verification):

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix

Reason for reprint _____

Delivery Options: Mail to home (fill-in address below) Pickup at the Registrar's Office

Mail diploma/certificate to:

_____	_____	_____	_____	_____
Street address	Apt.	City	State	Zip code

_____	_____
Phone number (required)	Email address (required)

Important Information

Only previously awarded diplomas or certificates will be reprinted. Reprinted diplomas/certificates will be identified by a footnote on the face of the document. Documents will be printed using current templates and signatures. The award date on reprinted documents will be the original award date that appears in official student records. The name printed on reprinted documents will be the name that appears in official student records. Spelling errors may be corrected by contacting the Registrar's Office. Official name changes require official court documents and in some cases additional documentation; contact the Registrar's Office. Make payment at the Business Office. Never send cash through the mail. Payment is nonrefundable. Reprint requests will not be approved if an outstanding balance is owed. Allow 6-8 weeks for processing. Questions may be directed to the Registrar's Office.

Number of reprinted documents ordered _____ Amount (\$25.00 per document) _____

_____	_____
Signature	Date

Submit completed form and payment receipt to the Registrar's Office for processing.