

DUPLICATE DIPLOMA REQUEST

Personal Information

Student ID or SSN: _____ Name: _____

Last

First

Middle

Date of Birth: _____ Maiden Name(s): _____

Home Address: _____

Daytime Phone Number: _____ Email Address: _____

My Graduation Date was: ____/____/____ Degree: _____

Month Year

Processing Information

- Please mail my Diploma to:

City: _____ State: _____ Zip: _____ Country: _____

- Processing Options:
- | | |
|---|-----------------------|
| <input type="checkbox"/> Standard \$35 | 6 - 8 weeks |
| <input type="checkbox"/> Express \$65 | 10 - 14 business days |
| <input type="checkbox"/> Priority \$110 | 2 - 4 business days |
| <input type="checkbox"/> Priority International \$160 | 3 - 5 business days |

Signature (Required for processing this request)

I authorize the release of my Diploma as directed above: _____ Date _____

Signature (Must be signed by the record holder)

Payment (All payments must be completed online)

Please use the following link to access epayments: www.lvc.edu/epayments; Student Receivables;
Enter Student ID number; Enter payment information