



Student Development
 P.O. Box 8000
 1247 Jimmie Kerr Road
 Graham, NC 27253-8000
 336-506-4270
 FAX 336-506-4264

www.alamancecc.edu

ACC Degree/Certificate Reprint Request Form

Name: _____

Date of Birth: _____

Name While in Attendance: _____

Dates of Attendance: _____

Current Mailing Address: _____

Contact Phone: _____

Name as it Should Appear on Degree/Certificate: _____

Please Circle Type Below

Curriculum Major: _____	Degree	Diploma	Certificate
_____	Degree	Diploma	Certificate
_____	Degree	Diploma	Certificate
_____	Degree	Diploma	Certificate

Total # of Degrees/Certificates Ordered:

Fee \$6.00 per copy

Total Amount Due:

For Office Use Request Received (Date) _____ Payment (Date) _____ Mailed/Picked Up (Date) _____ By _____

Student Signature _____

Date _____

*Fee must be paid to the Cashier's Office prior to mailing or releasing to student.