



Office of Registration & Records  
800 U.S. Highway 29 North  
Athens, GA 30601  
Phone: 706-355-5013  
Fax: 706-369-5756  
Registration@AthensTech.edu

---

### REQUEST FOR REPLACEMENT DIPLOMA

**Directions:** Complete all fields in this form. The form can be dropped off, mailed, emailed, or faxed. The fee payment must be received before the diploma can be prepared. All financial obligations to the college must be satisfied before a diploma can be released. Payment may be in the form of cash, check, or money order. Credit card payments are accepted in person or by phone at 706-355-5121. Please include a copy of your valid photo ID when requesting a replacement diploma.

*Every attempt is made to properly mail requests, but the institution can assume no responsibility for final delivery.*

---

#### STUDENT INFORMATION

Name \_\_\_\_\_ Name when enrolled \_\_\_\_\_  
Student ID or SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Email address \_\_\_\_\_ Phone # \_\_\_\_\_  
Current address \_\_\_\_\_  
Were you a member of Phi Theta Kappa or the National Vocational Technical Honor Society? \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Program of Study \_\_\_\_\_

---

#### DELIVERY OPTIONS (Please check one box.)

- \$25.00 Pick up in 24-72 hours; please call me when ready to pick up  
 \$25.00 Mail in 24-72 hours to the address I provided below  
 \$25.00+Process now and send via overnight packaging (additional shipping rates apply)

Please issue a replacement diploma to the recipient's name and address written below (use a complete physical address and print plainly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

The Family Education Rights and Privacy Act of 1974 prohibits release of this document without the student's written consent.

X

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Transcript Sent \_\_\_\_\_