



**REGISTRAR OFFICE**

32000 Campus Drive | Brunkhorst Hall (BH) 109  
Salisbury, MD 21804  
Phone: 410.334.2907 | Fax: 410.334.2954  
Email: [registrar@worwic.edu](mailto:registrar@worwic.edu)

OFFICE USE ONLY	
Date Processed:	_____
Processed By:	_____
Payment received	_____
Diploma ordered	_____

**REQUEST FOR REPLACEMENT DIPLOMA**

**Complete this form and submit it along with the \$25.00 fee to the address listed above. Make checks payable to: Wor-Wic Community College.**  
**Please note that your new diploma will include the signatures of the current administration.**  
**The diploma will be mailed to you at the address provided below and your permanent address will be updated in your official college record.**

Student ID #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name you wish to appear on diploma (print exactly as you want it to appear):

\_\_\_\_\_

Please mail diploma to this address:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Month/Year Graduation: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that the above information is true and correct, I understand my name will appear on my diploma/certificate as I've written above. I understand that receipt of my diploma is contingent upon satisfying all financial obligations with Wor-Wic Community College. I understand if I have provided a new address that the address will be updated on my college record.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_