

SANDHILLS COMMUNITY COLLEGE

3395 Airport Rd * Attn: Business Office
Pinehurst NC 28374
Fax: (910) 246- 4113
Scan and email this to: transcripts@sandhills.edu

Business Office Only:

Amount Received: \$ _____
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DIPLOMA REPLACEMENT REQUEST FORM

TODAY'S DATE: _____

YOUR FULL NAME: _____

PREVIOUS/ MAIDEN NAME(S): _____

DATE OF BIRTH: _____ LAST 4 OF SS: _____

DEGREE OBTAINED: _____

APPROXIMATE GRADUATION DATE: _____

PHONE NUMBER: () _____

MAILING ADDRESS: _____

SIGNATURE: _____

Diploma Replacements are processed within 7 business days

EACH REPLACEMENT IS \$10.00 PER COPY

If you want to send this request via fax, print your American Express, Discover, MasterCard, or Visa credit/ debit card number below (**include the expiration date, CVV code and the amount of the payment**). Fax to (910) 246-4113 or mail your check or money order to: **Sandhills Community College, Attn: Business Office, 3395 Airport Rd., Pinehurst NC 28374**

Card Number: _____ Exp. Date: _____ Amount: _____

CVV Code: _____ (the CVV code is the last 3 digit number located on the BACK of your card. The CVV code on the American Express cards is located on the FRONT above the end of your card number).

ALL Financial obligations to Sandhills Community College must be met before Diploma Replacements can be issued

For Office Use Only	Degree: A.S. A.A. A.G.E DIP CERT
Student ID Number	Processed: _____
