



**Student Development**  
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 Graham, NC 27253-8000  
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[www.alamancecc.edu](http://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.