

Do not email or fax forms with sensitive data.

If you use your social security number, contact the Registration & Records Office for a **secure upload link** at 402-437-2605 or registration@southeast.edu



DUPLICATE DIPLOMA REQUEST

Last Name (PRINT) _____ First Name _____

Previous/Maiden Name(s) _____

Date of Birth _____ SCC Student ID or **Social Security #** _____

Phone # _____ Email address _____

Program of Study _____ Month/Year Graduated _____

Name as you want it to appear on the diploma _____

Reason for duplicate request: Lost Stolen Name Change Destroyed Apostille Seal

Other: _____

Student's Signature _____ **Date** _____

Diplomas may take up to 21 business days to complete. **Notify me** via phone email *when and where the diploma is ready to pick up or*

Mail my diploma to address/city/state/zip _____

Student Accounts Signature _____ **\$25 fee paid** **Date** _____

Registration & Records Office Signature _____ **Date** _____