

**RETURN TO:**  
Office of Registration & Student Records  
Sinclair Community College  
444 West Third Street  
Dayton, OH 45402  
Office: (937) 512-2736 Fax: (937) 512-3456

**DIPLOMA/CERTIFICATE RE-ORDER FORM**  
**RE-ORDER FEE: \$5.00**

**PLEASE PRINT CLEARLY**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Name To Be On Diploma:

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Name When Diploma Was Originally Awarded:

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: Home/Work Number \_\_\_\_\_ Email Address \_\_\_\_\_

Full Academic Program Title (Major): \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Graduation Term: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Fee Received: \_\_\_\_\_

Date Diploma/Certificate was ordered: \_\_\_\_\_

Diploma Sent: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Master Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Visa Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

CVV Code (3 digit code on the back of the card) \_\_\_\_\_

Amount To Be Paid (\$5.00 fee) \_\_\_\_\_

Name on Card \_\_\_\_\_

I hereby agree to pay the sum set forth above to the bank which issued my card in accordance with the terms of the credit card for the purchase of goods and services

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date