



STUDENT ID # \_\_\_\_\_

### DUPLICATE CREDENTIAL REQUEST

This form is used to request a duplicate credential (i.e., certificate, diploma, degree). Please complete the information below as accurately as possible. Failure to supply requested information may result in your request being delayed. The credential will be mailed to the address you list below. Please use a separate form for each credential requested.

**FEE CHARGED: There is a \$20.00 fee per each credential requested.**  
**MAKE MONEY ORDERS PAYABLE TO JCTC.**  
**PAYING WITH PERSONAL CHECK WILL DELAY THE PROCESSING BY AT LEAST THREE WEEKS**

Mail or return this form (along with the \$20.00 fee) to:

Jefferson Community & Technical College  
ATTN: Graduation  
109 E. Broadway  
Louisville, KY 40202

Print your name EXACTLY the way you want it to appear on the credential (titles such as Mr., Mrs., etc. will not be used): \_\_\_\_\_

Social Security # or Student ID # \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Address credential will be mailed to: \_\_\_\_\_  
\_\_\_\_\_

Credential requested:    \_\_\_ Certificate    \_\_\_ Diploma    \_\_\_ AA    \_\_\_ AS    \_\_\_ AAS

Area of concentration or major: \_\_\_\_\_

When was the credential awarded: Year \_\_\_\_\_ Semester \_\_\_\_\_

**\*\*Please note: Due to the use of an outside vendor; reprints of credentials may take up to 12 weeks from the date the form is submitted to the records office.**

#### Office Use Only

Amount Paid: \$ \_\_\_\_\_ CASH \_\_\_\_\_ MO # \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_