



# Registrar's Office Diploma/Certificate Reorder

Please complete this form (one form for each diploma/certificate), sign, date and submit with a \$20.00 fee for each diploma/certificate request to: Manchester Community College, Bursar's Office, MS #10, Great Path, P.O. Box 1046, Manchester, CT 06045-1046. Make checks payable to MCC. Please allow 5-6 weeks for delivery after verification by the Registrar's Office.

Note: Diploma or certificate will reflect the same name as the original award.

## INFORMATION

First Name	MI	Last Name		
Mailing Address				Banner ID Number
City				State
				Zip
Home Phone Number	Cell Phone Number		Work Phone Number	

## REORDER

I request MCC to reprint my (please check only one): <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate		Because (please check only one): <input type="checkbox"/> Original was lost or damaged <input type="checkbox"/> Other	
Name of Program		Date Graduated	
Student Signature		Date	

## METHOD OF PAYMENT

Please indicate method of payment below. Make checks payable to MCC.

Payment Information (please check only one): <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Credit Card Number	Expiration Date
Signature of Cardholder	Date Signed
Address of Cardholder (if different from above)	

# FOR REGISTRAR OFFICE USE ONLY

Verified By \_\_\_\_\_

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

Reorder By \_\_\_\_\_

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

Date Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_