[Request to Reissue Diploma](https://myway.mccneb.edu/employees/Forms/RequestToReissueDiploma.docx)

**Instructions:**

Students who have misplaced or lost their diploma may request to have a new one issued. A Request to Reissue Diploma form needs to be completed either in person or via mail. If a name change is requested on the diploma, the student must also complete a Name Change Request form, along with required documentation (see Procedure to Request to Change Name on Diploma or Certificate Records Office webpage,https://mccneb.edu/getattachment/Prospective-Students/Resources/Student-Services-SOS/Records/Request-to-Change-Name-on-Diploma/NameChangeRequestForm.docx.aspx).



REQUEST FOR REISSUE OF A DIPLOMA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | MCC ID | |  | | |
|  | Type your name as you want it to appear on your diploma | | | | | | | | | | | |  |
| Address: |  | | | |  |  | |  |  |  | |  | |
|  | Street Address | | | | | City | |  | State |  | | ZipCode | |
| Home Phone: | |  |  | Work Phone: | | |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | | am requesting that a diploma be reissued to me. | |
| Full Name | |  | |  |
| The reason for requesting a replacement diploma is: | | | | |
| Date original diploma was issued: | |  | | |
| Program of Study: | |  | | |
| Type of Diploma: | | Certificate of Achievement | |  |
|  | | Associate Degree | |  |
|  | | Specialist Diploma | |  |

Replacement diplomas will be noted **“REISSUE”** with the reissue **date.**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

ALL REQUESTS ARE SUBJECT TO APPROVAL

For Office Use Only

\_\_\_\_\_\_ Approved \_\_\_\_\_ Denied (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records Project Assistant Mailed Date

Metropolitan Community College Records Office

P O Box 3777 FOC Bldg 5 Omaha, NE 68103-3777