X-ID #:		
/\ ID // .		



## Request for Diploma Replacement

Type of Degree:				
☐ Associate of Arts	☐ Associate of Scien	ce 🗌 Associat	te of Applied	Science
☐ Bachelors of Applied S	Science	☐ Technica	al Certificate	
Program Name			Date Diplo	oma Received
Please type or print your	name as you wish it to a	appear on your di	ploma.	
First	Middle	Last		
Address	C	ity	State	Zip
Phone	<u>_</u>	mail		
I hereby request replacer	nent of my Lake-Sumter	State College di	ploma for the	e following reason(s).
Student Signature		Date		

Note: There is a \$30 fee for a diploma replacement. Payments can be made via the cashier's office either in person, mail (money order, check) or telephone (credit card).

For more information please contact the Admissions and Records Office at 352-323-3601 or admissionsoffice@lssc.edu.