



## Duplicate Diploma Request Form

I authorize Dakota County Technical College to release of my duplicate diploma to me at the address below. Please print this form and return it to the address below with a \$15 payment for the charge to process the duplicate diploma.

Please send the request to:

Office of Records and Registration  
Dakota County Technical College  
1300 145<sup>th</sup> Street East (County Rd 42)  
Rosemount, MN 55068

\_\_\_\_\_  
Name at time of graduation

\_\_\_\_\_  
How would you like your name printed on diploma? (First Middle Last on file is default)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
Major

\_\_\_\_\_  
Social Security Number/Student ID

\_\_\_\_\_  
Dates of Enrollment

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date