



For each duplicate diploma copy requested, please complete a separate form and submit with \$10 payment using one of the methods listed below.

STUDENT NAME _____ FORMER LAST NAME _____

STUDENT ID OR SSN _____ DATE OF BIRTH (MM/DD/YYYY) _____ PHONE NUMBER _____

EMAIL ADDRESS _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

TITLE OF DEGREE _____ SEMESTER/YEAR ISSUED _____

DIPLOMA NAME (NAME AT TIME OF GRADUATION) _____

STUDENT SIGNATURE* _____ DATE _____

(*WE **MUST** HAVE STUDENT SIGNATURE TO RELEASE ANY INFORMATION)

DUPLICATE DEGREE REQUEST-PAYMENT INFORMATION FOR CASHIERS OFFICE

Submit to Enrollment Services using one of the methods below:

By **Phone (I will pay with a credit card)**. By checking this box, I authorize OCC Accounts Receivable to call me at my phone number provided above to make a payment over the phone.

By **Mail (I will mail a check or money order)** to:

Oakland Community College
Attn: Graduation
Auburn Hills Campus, Building K
2900 Featherstone Road
Auburn Hills, MI 48326-2845

FOR OFFICE USE ONLY

DUDEG Fee Paid (Y/N) and Initial _____ ES Date Processed and Initial _____