



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 **Email (credit/debit card only)** to **ces@oaklandcc.edu**
- By **Fax (credit/debit card only)** to **248.341.2199**
- By **Mail (check*, money order*, credit/debit card)** to:

Oakland Community College
Attn: Graduation
2480 Opdyke Rd.
Bloomfield Hills, MI 48304

*Check or money order must be payable to Oakland Community College for the exact amount of fees

VISA MasterCard Discover American Express

Card Holder Name* _____

**PROVIDE STUDENT NAME & ID IF DIFFERENT FROM CARD.*

Student Name _____ Student ID# _____

Card# _____ Exp. Date ____/____ Security Code _____
REQUIRED

Billing Address on Card _____

City _____ State _____ Zip Code _____

Card Holder Signature _____

FOR OFFICE USE ONLY	
DUDEG Fee Paid (Y/N) and Initial _____	ES Date Processed and Initial _____