

Complete reorder form and submit your request with the \$25.00 replacement fee **(cashier's check or money order only).** Requests cannot be honored from those students whose financial and academic records at the college are not in good standing. Return completed form, along with payment and a copy of your driver's license to:

South Plains College Admissions & Records Office – Box C Attention: Graduation Clerk 1401 S College Avenue Levelland TX 79336

Once all documents have been received, diploma will be mailed out to the address provided.

PRINT YOUR NAME EXACTLY AS YOU WISH FOR IT TO APPEAR ON YOUR DIPLOMA.

Name:				
Mailing Address: _{Street}	City		State	Zip Code
Home Phone Number:	Cell Nu	mber:		
(Your social security number is bein	student ng requested because it is a unique identificati ecord is being updated, for tracking purposes	ion number that is main	ntained for	the purpose of
	o update my contact information at Sou			
Degree Received:				
Graduation Date: Month:	Day:	Year:		
Major:				
Student's Signature:		Date:		
	FOR OFFICE USE ONLY			
Date Processed:	Processed By:			
Paid: 0	Cashier's Check/Money Order			