



**DUPLICATE DEGREE REQUEST**

For *each* duplicate degree copy requested, please complete a separate form and submit with \$10 fee payment to Records & Registration Office.

Student Name \_\_\_\_\_ Prior Last Name \_\_\_\_\_

Student ID or SSN \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Change of name or address since last attendance requires submission of a driver's license copy (front and back) to update your academic record.

Title of Degree \_\_\_\_\_ Semester/Year Issued: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*We MUST have student signature to release any information

**All duplicate degrees will be mailed within 10 business days.**

**For Office Use Only**

DUDEG Fee Paid ( Y / N ) & Initial \_\_\_\_\_ ES Date Processed & Initial \_\_\_\_\_

*Duplicate Degree Request—Payment Information for Cashiers Office*

**Submit to Enrollment Services by fax, mail or in person with the following payment methods:**

- **By Fax:** Visa, MasterCard or Discover
- **By Mail:** Check, Money Order, Visa, MasterCard or Discover
- **In Person:** Cash, Check, Money Order, Visa, MasterCard or Discover

Check or Money Order (*must be payable to Macomb Community College for the exact amount of fees.*)

VISA  MasterCard  Discover

Card Holder Name\* \_\_\_\_\_

\*Provide Student Name & ID if different from card

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Required

Billing Address on Card \_\_\_\_\_

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

Card Holder Signature \_\_\_\_\_

**Records & Registration Office • 586.445.7999 • records@macomb.edu**

Center Campus • 44575 Garfield Rd • Clinton Twp, MI 48038 • Fax: 586.226.4787

South Campus • 14500 E 12 Mile Rd • Warren, MI 48088 • Fax: 586.445.7140