



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