[Request to Reissue Diploma](https://myway.mccneb.edu/employees/Forms/RequestToReissueDiploma.docx)

**Instructions:**

Students who have misplaced or lost their diploma may request to have a new one issued. A Request to Reissue Diploma form needs to be completed either in person or via mail. Students may either have their legal name or preferred name/nickname which appears in the system (examples: John Smith instead of Jonathan Smith, Mary Jane Smith instead of Mary J. Smith) on their diploma.

If a name change is requested on the diploma, the student must also complete a Name Change Request form, along with required documentation (see Procedure to Request to Change Name on Diploma or Certificate Records Office webpage).



REQUEST FOR REISSUE OF A DIPLOMA

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | MCC ID |       |
|  | Type your name as you want it to appear on your diploma |  |
| Address: |       |  |       |  |       |  |       |
|  | Street Address | City |  | State |  | ZipCode |
| Home Phone: |       |  | Work Phone: |       |

|  |  |  |
| --- | --- | --- |
| I,  |       | am requesting that a diploma be reissued to me. |
| Full Name |  |  |
| The reason for requesting a replacement diploma is:       |
| Date original diploma was issued: |       |
| Program of Study: |       |
| Type of Diploma: | Certificate of Achievement | [ ]  |
|  | Associate Degree | [ ]  |
|  | Career Certificate | [ ]  |

Replacement diplomas will be noted **“REISSUE”** with the reissue **date.**

Student Signature (**required**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

ALL REQUESTS ARE SUBJECT TO APPROVAL

For Office Use Only

\_\_\_\_\_\_ Approved \_\_\_\_\_ Denied (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records Specialist Mailed Date

Metropolitan Community College Records Office

P O Box 3777 FOC Bldg 5 Omaha, NE 68103-3777