Duplicate Diploma Request



www.DaytonaState.edu

Records Office • Fax: (386) 506-4489 • Phone: (386) 506-3876

• Records@DaytonaState.edu

Student ID Number				
Last Name (Please Prin	t)*	Maiden/Otl	her Name	
First Name		Middle Initi	ial	
Street Address				
City		State		Zip Code
Phone Number		_		
* Name on original diploma will print on the duplicate diploma. A request for a name change on a duplicate diploma will not be processed.				
Type of Degree or Certi			Date Issued	
☐ BACHELOR ☐ AAS	☐ AS ☐ Certificate			
□ AA	☐ High School Diploma		Program of Study (Major Na	me)
This request cannot be processed without your signature.				
Student's Signature				Date
FOR OFFICE USE ONLY:				
Office of Student Accou			Records Office:	
Fee: \$10	Date Payment Received			
Cashier's Signature			Processed By	Date
			Date Mailed	

Advanced Technology College 1770 Technology Blvd. Daytona Beach, FL 32117

(386) 506-4100

Daytona Beach Campus 1200 W. Int'l Speedway Blvd. 1155 County Road 4139 Daytona Beach, FL 32114 (386) 506-3000

DeLand Campus DeLand, FL 32724 (386) 785-2000

Deltona Campus Deltona, FL 32725 (386) 789-7302

2351 Providence Blvd. 3000 Palm Coast Parkway S.E. Palm Coast, FL 32137 (386) 246-4800

Flagler/Palm Coast Campus New Smyrna Beach-Edgewater Campus 940 10th St. New Smyrna Beach, FL 32137

(386) 423-6300