NORTH GEORGIA TECHNICAL COLLEGE

Request for Replacement Diploma
Print clearly or type.

Allow ten days for processing. No request will be processed without payment. Mail complete, signed form and a $25 check or money order (payable to NGTC) to the following address:

North Georgia Technical College
Attention: Office of the Registrar
PO Box 65
Clarkesville, GA 30523

Information

Type or print legibly.

Student ID # or last 4 digits of Social Security #: _____ Phone: _____

Email Address: _____

Name as you wish it to appear on diploma: _____

Name under which you attended NGTC (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Program of Study: _____

Student Signature: _____ Date: _____
(Required)

For Office Use Only

Paid: _____ / _____   Mailed: _____ / _____   Picked Up: _____ / _____   Hold: ☐ Non-payment
    Date   Initial   Date   Initial   Date   Initial   ☐ Other financial obligation

Updated 08/14/23