

**FLORIDA KEYS COMMUNITY COLLEGE
APPLICATION FOR REPLACEMENT DIPLOMA**

There is a \$25.00 charge for replacement diplomas.
For assistance completing this form contact Enrollment Services at 305-809-3188.

Date of Request: _____
MM/DD/YY

Select your payment option:

_____ USPS mail this completed form along with a check or money order to:
FKCC Admissions, 5901 College Road, Key West, FL 33040

_____ Fax to 305-262-5163. You may also scan or cell-phone photo this form then email to
Admissions@FKCC.edu.
Call the Business Office at 305-809-3186 to pay via credit or debit card.

NAME (Please print your name **EXACTLY** as you want it to appear on your diploma).

First Middle Last

Student ID Number or
Last 4 digits of your SS#

Date of Birth MM/DD/YY

ADDRESS (Your diploma will be mailed approximately 1 month after receipt of payment.)

Street

City State Zip Code

Telephone

DEGREE/CERTIFICATE EARNED _____
(Please indicate exact program title.)

MONTH AND YEAR OF DEGREE (approximate) _____

Student Signature _____

Business Office Validation: Payment received _____ Date _____