



**GEORGIA
PIEDMONT**
TECHNICAL COLLEGE

Credential Replacement Request

Directions: This form can be used to make a request for a credential replacement for students who graduated from Georgia Piedmont Technical College formerly known as DeKalb Technical College. Please **1)** complete this form, **2)** pay fee at the Cashier's Office and **3)** return this form to the Office of the Registrar.

Date: _____

Student ID/(if you do not know your Student ID, please provide your social security number): _____

Social Security Number: _____

Name at time of enrollment: _____

Program and type of credential earned: _____

Quarter/Semester that you completed the credential: _____

Telephone number: (____) _____ Email Address: _____

Number of credentials you would like to replace: _____ x \$25.00 each Total: _____

Please provide the address that you would like your credential mailed to:

Please note: If the credential is ordered during the Summer semester, you will receive your credential late September or early October, Fall semester, you will receive your credential late February or early March, Spring semester, late June or early July.

PLEASE COMPLETE IF YOU WOULD LIKE TO PAY BY CREDIT CARD and EMAIL TO **GRADUATION@GPTC.EDU**

I _____ AUTHORIZE GEORGIA PIEDMONT TECHNICAL COLLEGE TO CHARGE MY CREDIT/DEBIT CARD THE AMOUNT OF \$_____.

TYPE OF CREDIT CARD: CIRCLE ONE VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ **NAME AS IT APPEARS ON CREDIT CARD:** _____

SIGNATURE: _____

PRINTED NAME: _____

FOR CASHIER'S OFFICE USE ONLY:	Date Paid: _____	Initials: _____
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