



Diploma Replacement Request

Academic Records and Registrar Office
3201 W. 16th St Sedalia MO 65301
PH: 660-530-5829 * Fax: 660-596-7472
Email: add-drop@sfccmo.edu
Office Hours: Monday-Friday 8am-5pm

Student Information

Name: _____
SFCC Student ID or SSN: _____ Date of Birth: _____
Address: _____ Apt/Suite Number: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Degree Information

Degree Awarded:

- Associate of Arts (AA)
- Associate of Applied Science (AAS)
- Associate of Arts in Teaching (AAT)
- Associate of Fine Arts (AFA)
- Associate of Science (AS)
- Certificate

Date of Graduation: _____

Replacement Diploma Information

Please PRINT your name exactly as you would like it to appear on your diploma

Payment Information

Send this form along with a check or money order (made payable to State Fair Community College) for \$20.00 to the Academic Records and Registrar Office.

Student Signature: _____ Date: _____

Office Use Only

Processed By: _____ Date: _____