

Hudson County Community College Registrar's Office 70 Sip Avenue, Jersey City, NJ 07306 registrar@hccc.edu

Diploma Replacement Form

Complete the form below and **print** your name exactly as it appeared on your original diploma. The name must match HCCC records.

Mail in this form with a \$35 check/money order payable to Hudson County Community College.

Hudson County Community College Registrar's Office 70 Sip Avenue, 1st Floor Jersey City, NJ 07306

Processing may take 2-4 weeks. Please email <u>registrar@hccc.edu</u> for further questions.

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HCCC ID# or Optional SS#:	Date of Bir	th:
Name on original diploma:		
Date of Graduation (month/year):		_
Major:		_
Degree (check one): \square A.A. \square A.	S. A.A.S. A.F.A Certifi	cate Proficiency
Mailing Address:		
City	State	Zip Code
Phone#:	Email:	
Student Signature	Dat	:e

^{**}If you cannot pick up your diploma in person, you may write a letter requesting your diploma be mailed (USPS Certified Mail only). Please include a *\$6 check or money order (payable to Hudson County Community College) to: Hudson County Community College, Registrar's Office, 70 Sip Ave, 1st Floor, Jersey City, NJ 07306.

^{*}Please be sure to include a copy of a photo identification card and your HCCC Student ID number.