

Duplicate Diploma Request



Office of Records & Registration

1480 Nashville Pike

Gallatin, TN 37066

v. 615-230-3466

f. 615-230-3645

graduation@volstate.edu

Student ID: _____ (Use date of birth if ID not known)

Print Name Below As You Want It To Be Printed On Diploma*:

*The name printed on the diploma must be on your student record. If you've had a name change, you must first submit documentation to have your name updated in our student system. Please contact our office at the number above for instructions.

Degree/Certificate Requested:

Mail Diploma To:

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

****DIPLOMAS CANNOT BE RELEASED IF YOU HAVE A HOLD ON
YOUR STUDENT ACCOUNT**

Signature: _____

Date: _____