



Registrar's Office  
1001 South Main Street  
Racine WI 53403  
Phone: 262-619-6832  
Fax: 262-619-6657

**Office Use Only**

Date Ordered:  
Date Mailed:  
Degree:  
Date/Year:  
Honors:

## Replacement Diploma/Certificate Request

Production time: 3 business days  
Cost: \$15.00

\_\_\_\_\_  
Name

\_\_\_\_\_  
Prior Name(s)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Student ID number or Social Security number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Diploma/Degree title and year

Payment: Cash, Check (Payable to Gateway Technical College), or Credit Card (in person, fax, or phone).

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Expiration date