



# MADISON COLLEGE

## Duplicate Diploma/Certificate Request Form

**INSTRUCTIONS** - This form is to be submitted by the student along with the \$4.00 processing fee to request a [Duplicate Diploma or Certificate](#). Please pay by check or money order and make payable to Madison College.

This form may only be used to request duplicates of certificates issued from December 2010 and later. For duplicates of certificates issued prior to December 2010, please contact the center office that issued the certificate.

### STUDENT INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Name at time of graduation/certificate completion (if different than indicated above) \_\_\_\_\_

Student ID \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Check this box to request to officially change your name on your academic record at Madison College.  
*I intend to use this name consistently for the purpose of my Madison College academic record.*

### DEGREE/CERTIFICATE INFORMATION:

Degree Awarded \_\_\_\_\_

Year Awarded \_\_\_\_\_ Term:  Fall  Spring  Summer

Certificate Awarded \_\_\_\_\_

Year Awarded \_\_\_\_\_ Term:  Fall  Spring  Summer

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and submit completed form along with the \$4.00 processing fee in-person to the Enrollment Center - Truax, Downtown Enrollment Center - Room D117, or any Regional or Metro Campus office; or submit by mail to:**

**Address:** Enrollment Center  
Madison College  
1701 Wright Street  
Madison, WI 53704

**Please allow up to three weeks to process a request for a Duplicate Diploma or Certificate.** Requests are reviewed in order they are received. You will receive your diploma or certificate by mail at the address provided on this form.

**Questions?** For further assistance with this form, search FAQs or submit a question on [askMadisonCollege](#), phone (608) 246-6210 or visit the Enrollment Center in person.

Enrollment Center - Records Use Only:		
Staff Name _____	YES	NO
Staff Title _____		
Date Mailed _____		
	Graduate in System	
	Grad Fee Paid	
	Hold	
	Mailed Diploma/Certificate	