

CHIPPEWA VALLEY TECHNICAL COLLEGE

Registration and Records Office

620 West Clairemont Avenue, Eau Claire, WI, 54701-6121

Telephone Number: 715-833-6200

or 1-800-547-2882 Ext. 6200

Fax Number: 715-833-6470

Replacement Diploma Request Form

Complete the entire form and SIGN and date it before submission.

The Family Education Rights & Privacy Act of 1974 (FERPA) requires a student's signature on this form in order for Chippewa Valley Technical College (CVTC) to process and release the replacement diploma.

First Name: _____ Middle Initial/Name: _____ Last Name: _____

Student ID No. or SSN: _____ Date of Birth: _____

Name as shown on original diploma: _____

Program or degree earned: _____ Month/Year of completion: _____

Email address: _____ Phone No. 1: _____ Phone No. 2: _____

Mailing address: _____
Street City State/Zip

Signature: _____ Date: _____

**Forward signed and completed form and payment to CVTC at the above address
or fax form with credit card information to the above fax number.**

Indicate Payment Option for \$5.00 Fee:

Money Order Cash (only accepted at one of our campuses) Check No. _____ payable to "CVTC"

Credit Card: MasterCard Discover VISA

_____ \$5.00
Card Number Expiration Date Authorized Amount

OFFICE USE ONLY:

Fee Deposit Date: _____ Date Replacement Sent: _____ Processed By: _____