Enrollment Center
1600 East Golf Road, Des Plaines, IL 60016, 847-635-1700, Fax 847-635-1706
7701 North Lincoln Avenue, Skokie, IL 60077, 847-635-1400, Fax 847-635-1497
Email: registrarservices@oakton.edu

Duplicate/Replacement Diploma Request Form

Students must include a copy of a photo ID to process request.

This request form may be completed by students who have earned a degree at Oakton College

A fee of $30.00 is required for a duplicate/replacement diploma.

Name: _____ Oakton ID No. _____
Last *First* *MI*

Address: _____ City: _____ State/Zip: _____

Email Address: _____ Phone Number: _____

How would you like your name to appear on the diploma?

Name: _____

Note: Your last name must match what is listed on your Oakton record. If you have legally changed your name, please complete and submit the Change of Record form with supporting documentation to the Enrollment Center.

Degree earned: _____ **Graduation Date:** _____

☐ Mail my diploma (we do not mail diplomas to P.O. boxes or outside of the U.S.)

Send diploma to:

☐ Check here if mailing address same as above.

Name: _____

Address: _____ City: _____ State/Zip: _____

☐ Will pick up my diploma ☐ Des Plaines Campus ☐ Skokie Campus

Signature of Student: _____ Date: _____

If you wish to authorize another person to pick up your diploma, indicate their name below. You and other authorized persons must bring a photo ID in order to pick up the diploma.

Name: _____ Relationship: _____

For Cashier's office use only: Payment date : _____ Cashier's Initials: _____