

# MEDICAL TRAINING COLLEGE

10525 Plaza Americana / Baton Rouge, LA 70816 / Phone: (225) 926-5820 / Fax: (225) 928-9795

## Request for Duplicate Diploma or Other Records

**Instructions:** Complete this form with all applicable information. **Fee payment and student signature** are both required at the time of ordering.

**\$ 2.00** per page, unofficial student file copies (Max per file \$20)

**\$ 5.00** per page, sealed/official student file copies (Max per file \$50)

**\$15.00** per sealed/official duplicate diploma

**\$15.00** per sealed/official Entrance Test Score letter

(Maximum charge per file excludes transcripts, diplomas & test scores)

Please enclose check or money order for the proper amount; cash accepted for in-person requests only.

**DO NOT MAIL CASH.** Please note that in order to process your request, you must be in good standing both academically and financially with all obligations associated with your tenure at this college. This amount will be returned if we are unable to fulfill your request.

Please allow **5 to 10 business days** for processing.

### Student Information: (please print)

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER - -
STREET ADDRESS					DATE OF BIRTH / /
CITY	STATE	ZIP	PHONE # ( ) -	E-MAIL ADDRESS (optional)	
FULL NAME DURING ENROLLMENT			DATES ENROLLED From _____ To _____		CAMPUS LOCATION

### Please check at least one:

- ☐ Photocopy of Diploma – Unofficial / NO SEAL  
☐ Other Records \_\_\_\_\_  
☐ Duplicate Diploma – Replacement

### No. Of Copies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Special Instructions:

- ☐ Hold for Pick Up (we will notify you at the above contact number when processed)  
☐ Mail (indicate to whom below)  
☐ Fax to: ( ) -  
Attention: \_\_\_\_\_

**STUDENT SIGNATURE: (required)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your school records.

### For Office Use Only:

Pickup / Mailed / Faxed    Processed by: \_\_\_\_\_    Date: \_\_\_\_\_

**Payment:**    Amount: \$ \_\_\_\_\_    Received by (staff initials) \_\_\_\_\_    Payment Type: Cash / Check / M.O.    Date: \_\_\_\_\_

Signature of College Official: \_\_\_\_\_    Date: \_\_\_\_\_