
DATE

STUDENT ID NUMBER

DATE DIPLOMA RECEIVED

TYPE OF DEGREE

Please print your name as you wish it to appear on your diploma.

First Middle Last

Street or PO Box City State ZIP

Phone

I hereby request replacement of my Lake-Sumter Community College diploma for the following reason.

Student Signature

NOTE: Make check payable to Lake-Sumter Community College in the amount of \$30.

LEESBURG CAMPUS
9501 U.S. Highway 441
Leesburg, Florida 34788-8751
(352) 787-3747 Fax (352) 365-3501

SUMTER CAMPUS
1405 County Road 526A
Sumterville, Florida 33585
(352) 568-0001 Fax (352) 793-6508

SOUTH LAKE CAMPUS
1250 N. Hancock Road
Clermont, Florida 34711
(352) 243-5722 Fax (352) 365-3501