

Diploma replacements must be requested in writing and cost \$50. Please allow 3-4 weeks for processing.

We accept all major credit cards except AmEx, as well as money orders and checks (with a 10-day hold) made payable to *Five Towns College*.

| NAME | | | | | Last 4 of FTC ID NUMBER | | | | |
|-----------------|--|--|--|-------|-------------------------|--|----------|--|--|
| | | | | | XXXXXX__ __ __ __ | | | | |
| Mailing Address | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| City | | | | State | | | Zip Code | | |
| | | | | | | | | | |
| Daytime Phone | | | | | Email | | | | |
| | | | | | | | | | |

| Signature | | Today's Date | M | M | D | D | Y | Y | Y | Y |
|-----------|--|--------------|---|---|---|---|---|---|---|---|
|-----------|--|--------------|---|---|---|---|---|---|---|---|

Complete the section below to use your Visa, Discover, or MasterCard:

| Name on the Card | | | | | | | | | | | | |
|------------------|--|--|--|----------------------|---|---|---|---|---|---|---|---|
| Card # | | | | | | | | | | | | |
| CCV Code | | | | Card Expiration Date | M | M | D | D | Y | Y | Y | Y |

To return completed form:

Mail: Five Towns College, Attn: Registrar's Office, 305 N. Service Road, Dix Hills, NY 11746-5871

Email: registrar@ftc.edu

Fax: (631) 656-2172

Office Use - DIPLOMA REQUEST:

Payment Received by: _____ Date: _____ Amount paid: \$_____

___ Credit Card ___ Cash ___ Check ___ Money Order