



DUPLICATE DIPLOMA/CERTIFICATE REQUEST FORM

Information and instructions for completing this form:

1. There is a \$5.00 fee for a replacement of a diploma or certificate payable at the time of request.
2. Allow two weeks for processing from the date your request is received.
3. Complete the following information and include appropriate payment. **Note:** You may fax this form and include credit card information in the **Student Credit Card Authorization** box (located at the bottom of this form) or you may mail payment to the address above. **DO NOT MAIL CASH**

STUDENT ID or SSN:		PHONE NUMBER:	TODAY'S DATE:	
YOUR NAME AS IT WILL APPEAR ON DIPLOMA/CERTIFICATE (Must correspond with academic record):			BIRTHDATE: (mm-dd-yyyy)	
MAILING ADDRESS:	CITY:	STATE:	ZIP:	
REQUESTING A DUPLICATE (Check one and indicate date awarded and title of Diploma or Certificate):				
<input type="checkbox"/> DIPLOMA <input type="checkbox"/> DIPLOMA COVER (Additional \$5 fee) <input type="checkbox"/> CERTIFICATE (No cover available for certificate)				
Date and Title of Degree/Certificate: _____				
Date and Title of Degree/Certificate: _____				
CHECK ONE OF THE FOLLOWING:				
<input type="checkbox"/> I will pick-up my Diploma/Certificate at A&R. <input type="checkbox"/> Please mail my Diploma/Certificate to the address above.				

Office Use Only	
Date & Term: _____	Degree Type: AA AS
Major: _____	Honors: H1 H2 H3 NONE
Certificate Title: _____	Certificate Type: _____
Diploma: Date processed: _____ By: _____	Certificate: Date Processed: _____ By: _____
Certificate: Date sent to Department/Dean for signature: _____ By: _____	
RECEIVED BY: Operator Initials & Date	Remarks:
	Date Mailed:
Payment Type <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Check #:
	Check Amount:

STUDENT CREDIT CARD AUTHORIZATION:		*Card type (Check):
<input type="checkbox"/> I authorize Santa Rosa Junior College to charge any past debts owed to the college to my credit card.		<input type="checkbox"/> VISA
		<input type="checkbox"/> MASTERCARD
*Signature: _____		*Card#: _____
*Name on Card: _____		
*3 Digit V-Code Code on back of card: _____	*Expiration Date: _____	*Billing Zip Code _____
* REQUIRED INFORMATION		