



REPLACEMENT DIPLOMA/CERTIFICATE REQUEST FORM

STUDENT INFORMATION: *Please complete all information requested*

NAME Last/First/Middle	TODAY'S DATE
NAME(s) WHILE ATTENDING SHASTA COLLEGE	PHONE NUMBER
STUDENT ID/Social Security Number	BIRTHDATE
Name of Degree/Certificate requested	
Year of Original Degree/Certificate	

Mail to:

Address:

City/ST/Zip

PAYMENT INFORMATION: Duplicate copy fee of **\$15** per copy must be paid at the time of request. You can pay by cash, money order, check or credit card. All past debts to the college must be paid before duplicate copy requests are processed.

STUDENT CREDIT CARD AUTHORIZATION (faxed requests only):

I authorize Shasta College to charge any past debts owed to the college and/or cost of this request to my credit card.

Circle one: VISA MASTERCARGE other: _____

Card# _____ Expiration Date _____

SIGNATURE (Required): _____

OFFICE USE ONLY	Date Received:
Duplicate Fees Paid:	
Delinquent Fees Paid:	Date Mailed/Initials
Total Fees Paid:	