



REQUEST FOR REPLACEMENT or DUPLICATE DIPLOMA

Student ID Number: **W** _____

Name _____
Last First Middle

Street _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Semester/Year of Completion:

Semester: SPRING SUMMER FALL Year: 20_____

Honors:
Highest Honors:

The major/certificate title is: _____

Your diploma name will be printed as it appears on your permanent student record.

If you want a different name printed on your diploma, you must provide legal documentation of your name change to the Admissions & Records Office **prior to this application.**

First Middle Last

Number of copies _____ @ 20.00 each=\$_____

Check One:

Please mail my diploma to the address indicated above: (Add additional \$10.00 mailing fee:)

Please hold my diploma for pick up (We will contact you when its ready)

Total Amount due: \$_____

By signing below, I certify that my request is complete and accurate. I am responsible for knowing the information provided.

STUDENT SIGNATURE _____ DATE _____

Submit this form to:

Mail to: Las Positas College, Office of Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551
Fax to : 925.606.6437

* Please allow 4-6 weeks for Processing.

Business Office Use Only

PAID: _____

By: _____