

COLLEGE OF THE CANYONS
Admissions & Records

REQUEST FOR DUPLICATE DIPLOMA

There is a fee of \$15.00 for the duplicate diploma which must accompany this form. Please make check or money order payable to College of the Canyons.

Last name and first name must be the same as on record.

Student Name _____
Last First Middle

Birthdate _____ Social Security/ID Number _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Graduation Information:

Major _____

Date of Graduation (check one):

Fall _____ Spring _____ Summer _____
Year Year Year

Mail Diploma To:

Address _____

City _____ State _____ Zip _____

Will Call/Pick Up: Check box if you would like to pick your diploma up. (Photo identification is required).

* Please allow 7-10 business days for your request to be processed.

Student's Signature _____ Date _____

White - A&R
Yellow - Student