

## DIPLOMA/CERTIFICATE REPRINT REQUEST

Full Name			Student ID# (if k	(nown)
Date of Birth	_ Phone	Email		
LIST A	NY OTHER NAMES Y	OU MAY HAVE USED W	HILE ATTENDING	CR
Previous First Name:		Previous Last	t Name:	
	DIPLOMA/CERT	IFICATE REPRINT INFO	RMATION	
Name to Appear on Diplom	a/Certificate:			
Program to Appear on Diplo *If you have completed multip			n for <u>each</u> Diploma/	Certificate reprint request.*
	Awarded:			
		Year		Semester
Number of copies requeste	d:	Cost per copy:	То	otal due:
Submission Method: (Payment info below)	In-Person:	Online	e:	Mail:
Mailing Address for Diplom	a/Certificate:			
		Street Address		
		City	,, State	,Zip Code

GRADUATE'S ACKNOWLEDGEMENT

By signing below, I acknowledge understanding that the replacement Diploma/Certificate will bear the signatures of the current state and College officials.

Graduate's Signature:	Date:		
<u>SUBMISSIONS BY MAIL</u> Make US Bank check or Money Order out to: College of the Redwoods In the memo, write: Diploma/Certificate Reprint Mail this form along with check/Money Order to: College of the Redwoods Admissions & Records Office 7351 Tompkins Hill Rd	<u>SUBMISSIONS IN PERSON</u> Submit full payment to: Cashier's Window Submit this form & receipt to: Enrollment Services Window <u>SUBMISSIONS ONLINE</u> Submit this form & receipt to: evaluator@redwoods.edu Payments can be made through your CR WebAdvisor account. Reprints will not be mailed until the payment has		
Eureka, CA 95501	been processed.		

If you have any questions, please email <u>evaluator@redwoods.edu</u> or call (707) 476 – 4205.