

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.