

DIPLOMA/CERTIFICATE REPRINT REQUEST

Full Name		Student ID# (if known)			
Date of Birth	Phone	Email			
LIS	T ANY OTHER NAMES	YOU MAY HAVE USED WHIL	E ATTENDING CR		
Previous First Name:		Previous Last Name:			
	DIPLOMA/CEF	RTIFICATE REPRINT INFORM.	ATION		
Name to Appear on Dipl	oma/Certificate:				
Program to Appear on Di *If you have completed mu	iploma/Certificate: Itiple programs, you mus	st complete a separate form for	each Diploma/Certif	icate reprint request.*	
	Awarded:	Year			
		Year		Semester	
Number of copies reque	sted:	Cost per copy:	Total due:		
Submission Method: (Payment info below)	In-Person:	Online:		Mail:	
Mailing Address for Diple	oma/Certificate:				
		Stre	Street Address		
		City	State	Zip Code	
	GRADU	ATE'S ACKNOWLEDGEMENT			
By signing below, I ac signatures of the current	-	nding that the replaceme icials.	nt Diploma/Certif	icate will bear the	
Graduate's Signature:			Date:		

Please note, all submission methods may have a wait of upwards to 2 weeks before reprints may be produced.

SUBMISSIONS BY MAIL

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 Eureka, CA 95501

SUBMISSIONS IN PERSON

Submit this form to: Enrollment Services Window

Once directed, submit full payment to: Cashier's Window

SUBMISSIONS ONLINE

Submit this form to: evaluator@redwoods.edu.

Allow 1-2 business days processing time. After form has been processed payments can be made through your CR WebAdvisor account. Reprints will not be mailed until the payment has been verified.

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