GOLDEN WEST COLLEGE
Duplicate Diploma Request
Associate's Degree or Certificate of Achievement

Name:_____ Date of Birth _____/_____/_____
Last First MI MM DD YYYY

Social Security # _____ Student ID # _____

Mailing Address _____
Number and Street City State Zip

I am requesting a Replacement:

☐ **Associate's Degree** **Date Awarded: _____ Honors: _____**

☐ **Certificate of Achievement in: _____ Date Awarded: _____**

Student's Signature: _____ Date: _____

- **There is a $20.00 charge per replacement document.**
- **Allow 4 weeks for replacement document to be processed.**
- **Degree or Certificate will be mailed to the address listed above.**

FORM OF PAYMENT: VISA (Card #) _____ Expiration Date _____/_____
MM YYYY

MASTERCARD (Card #) _____ Expiration Date _____/_____
MM YYYY

CHECK (Amount) _____

FOR OFFICE USE ONLY * RECEIVED BY: DATE: PAID: SENT: