

REQUEST FOR REPLACEMENT OF DIPLOMA

Please mail diploma to:

PRINT NAME: _____

ADDRESS: _____
Street City State Zip / Country

Phone Number Social Security Number

Signature

If you have received more than one degree/certificate from Chemeketa:

Do you want remakes of all your degrees/certificates? Yes No

If no, which degrees/certificates do you want remade? _____

Phi Theta Kappa Member: (circle one)
Yes No

Remake charges:

_____ Insert (\$5 per degree/certificate)

_____ Cover (\$5 per cover)

_____ Mail (\$5)

===== TOTAL

Acct Code: DIPL

Mail request to:

Chemeketa Community College
Enrollment Services 2-200
PO Box 14007
Salem, OR 97309-7070