



Request for Duplicate Diploma or Certificate

Name _____ Student ID # _____

Address _____
Street City State Zip

Phone _____ Email _____

Indicate which degree or certificate:

- Associate of Arts _____ Date earned _____
- Associate of Science _____ Date earned _____
- Associate of General Studies _____ Date earned _____
- Associate of Applied Science _____ Date earned _____
- Certificate of Completion _____ Date earned _____

Duplicate diplomas/certificates will be mailed to the address listed above and will be issued to the name provided above.

Student's Signature _____ Date _____

Return completed form to:

Mailing Address: Clackamas Community College, Graduation Services,
19600 Molalla Ave, Oregon City, OR 97045

Location: Graduation Services, Community Center Room 121

Email: gradservices@clackamas.edu

For questions, contact:

Phone: 503-594-6651

Email: gradservices@clackamas.edu

OFFICE USE ONLY
Date Mailed:
Evaluator: