



Office of Admissions, Registration and Records
Duplicate Diplomas or Certificates

Name: _____ Student ID# _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Duplicate diplomas or certificates may be issued under the following conditions:

1. There is a \$20 fee for this service.
2. The replacement is issued under the student name at the time of the award.
3. A notation is placed on the document indicating that it is a duplicate and the date of issuance.

Indicate which degree or certificate:

Associate of Arts _____

Associate of Science _____

Associate of General Studies _____

Associate of Applied Science _____

Certificate of Completion _____

Student's Signature _____ Date _____

Mail to:

**Office of Admissions, Registration and Records
Clackamas Community College
19600 Molalla Ave.
Oregon City, OR 97045**

Fax to: **503-722-5864**

OFFICE USE ONLY

Amount: _____ Date Mailed: _____

Receipt #: _____ Evaluator: _____

Received by: _____

Date: _____ Account # Non AR:UTRAN _____