

# Replacement/Duplicate Diploma

Washtenaw Community College - Office of Student Records



Washtenaw  
Community  
College

STUDENT ID: @00 \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

NAME AS IT WILL APPEAR ON DEGREE/CERTIFICATE:

\_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (ZIP)

GRADUATION DATE: \_\_\_\_\_ DEGREE/CERTIFICATE: \_\_\_\_\_

## PLACE ORDER

# \_\_\_\_\_ DIPLOMA & COVER (\$20.00 EACH)  
(Quantity)

\$ \_\_\_\_\_ TOTAL DUE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please include a copy of your photo ID  
(required for all official transactions).

Return this form and payment to:

**Washtenaw Community College**  
**Graduation SC203**  
**4800 E. Huron River Drive**  
**Ann Arbor, MI 48105-4800**

Note: Make checks payable to Washtenaw  
Community College

### OFFICE USE ONLY

DIPLOMA MAILED DATE  
\_\_\_\_\_

STUDENT PICKUP DATE  
\_\_\_\_\_

PROCESSED BY  
\_\_\_\_\_