**SAN BERNARDINO VALLEY COLLEGE**

**REQUEST FOR REPLACEMENT DIPLOMA**

**PLEASE PRINT**

Complete one form per award. Please allow two weeks for processing and delivery.

Student's Name:

Last First Initial

Major: Grad Year: Certificate or Degree?

ID# or SS# Date of Birth:

Day Phone: Evening Phone:

Address:

City:

State:

Zip:

**Your name, as you wish it to appear on the diploma. The name must be the same as on current computer records.**

Signature: Date:

$10.00 Fee Upon Request Amount Paid:

**Office Use Only**

Technician:

Date Ordered: Mailed on:

Tracking #:

Admissions and Records 03/2016