



# 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: \_\_\_\_\_

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**Office Use Only**

\$10.00 Fee Upon Request Amount Paid: \_\_\_\_\_ Technician: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Mailed on: \_\_\_\_\_

Tracking #: \_\_\_\_\_