

GOLDEN WEST COLLEGE
Duplicate Diploma Request
Associate's Degree or Certificate of Achievement



Name: _____ Date of Birth ____/____/____
Last First MI MM DD YYYY

Social Security # _____ Student ID # _____

Mailing Address _____
Number and Street City State Zip

I am requesting a Replacement:

Associate's Degree Date Awarded: _____ Honors: _____

Certificate of Achievement in: _____ Date Awarded: _____

Student's Signature: _____ Date: _____

- There is a \$20.00 charge per replacement document.
- Allow 4 weeks for replacement document to be processed.
- Degree or Certificate will be mailed to the address listed above.

FORM OF PAYMENT: VISA (Card #) _____ Expiration Date ____/____
MM YYYY

MASTERCARD (Card #) _____ Expiration Date ____/____
MM YYYY

CHECK (Amount) _____

FOR OFFICE USE ONLY * RECEIVED BY: DATE: PAID: SENT: