

FRESNO CITY COLLEGE

REQUEST FOR DIPLOMA OR CERTIFICATE REPLACEMENT

STUDENT INFORMATION

NAME:				OTHER LAST NAME:			
Las	st I	First				If different w	hen attending
ADDRESS:					STUDENT I	ID#:	
•	Number and Street			(APT#)		or Social Security #	
					_ PHONE #:	:	
City,			State	Zip		Include	Area Code
DOCUMENT	INFORMATION						
TYPE OF DIPL	OMA/CERTIFICATE	TO BE REPLAC	ED:				
DATE DIPLOM	1A/CERTIFICATE WAS	S AWARDED: _					
REPLACEMEN	NT DELIVERY METHO	DD: US MA	AIL		COUNTER	PICKUP	
IF US MAIL – S	SEND REPLACEMENT						
		Number	and Stree	et			(APT#)
		City,				State	Zip
IF COUNTER	PICKUP – PHONE # T	O CALL WHEN	I READY	/ :	Include Area	Codo	
					Illiciade Alea	Code	
	NOTE: See be	elow - Proof of	Paymen	nt <u>MUST</u> a	ccompany yo	ur Request	
		Student's Sig	gnature				Date

PAYMENT INFORMATION

Replacements of **all Diplomas** may be paid to the Fresno City College Business office in the amount of \$10.00. The receipt issued by the Business Office must be provided to Admissions and Records with this signed request.

Replacements of **all Certificates** may be paid to the Fresno City College Business office in the amount of \$10.00. The receipt issued by the Business Office must be provided to Admissions and Records with this signed request.