## Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094 Phone: (530) 938-5500 - Fax: (530) 938-5367 - Email: registration@siskiyous.edu

## **Diploma Replacement Request**

Student Information	
Last Name:	First Name:
Other Last Name: (if different wh	nen attending)
Street Address:	
City:	State: Zip:
Student ID#:	Phone #:
Document Information	
Type of diploma / certificate to	be replaced:
Original Diploma: o Los	t o Damaged
Approximate date diploma / cer	rtificate was awarded:
Replacement Delivery Method:	○ U.S. Mail ○ Counter Pickup
If U.S. mail - send replacement	to:
Street Address:	
City:	
If counter pickup – phone numb	ber (include area code) to call when ready:
I understand that Diplomas / Ce	ertificates will only be replaced once.
Student's Signature:	Date:
	For Office Use Only
Clerk:	Date Mailed or Picked Up: