



**Community Colleges
of Spokane**

**Spokane Community College
REPLACEMENT DIPLOMA ORDER FORM**

Submit Completed form to:
SCC Transcript Office
1810 N Greene St MS 2151
Spokane WA 99217

Email: Transcripts@scc.spokane.edu
Fax: 509-533-8887

\$25 fee charged per diploma
Minimum 6 week processing
Payment required prior to processing

DIPLOMA INFORMATION

Print (use black or blue ink) your name exactly as it should appear on your diploma.

ILLEGIBLE FORMS WILL BE RETURNED

First Name: _____ Middle Name or Initial _____

Last Name: _____

Mail my diploma:

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Student Identification Number: _____ (format: ###-###-###)

Completion Year and Quarter: _____

Name of Degree or Certificate Earned _____

I hereby certify that to the best of my knowledge all of the above information is correct.
I understand it is my responsibility to return this completed form to the SCC Transcript Office and advise the Transcript Office of my diploma mailing address change.

Student Signature (**REQUIRED**): _____ Date: _____

FOR OFFICE USE ONLY

Diploma Ordered _____ *Diploma Mailed* _____

COMPLETE FOR MAIL AND FAX REQUEST ONLY

Indicate method of payment – **DO NOT SEND CASH**

Check Enclosed Charge my: Visa MasterCard

Card holder's name (please print) _____

Card holder's signature _____

Card number _____ Expiration date _____

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mm/yy