



Enrollment Services Office

Tel: 253-589-5666 • Fax 253-589-5852

4500 Steilacoom Blvd SW •

Lakewood WA 98499

Request for Replacement Certificate / Degree

You may request a replacement award only if you have previously applied and received a certificate or degree.

Please pay \$10.00 processing fee at Cashier.

STUDENT'S NAME (PLEASE PRINT)

LAST _____

FIRST _____

MIDDLE _____

NAME USED WHILE ATTENDING _____

STUDENT ID NUMBER OR SOCIAL SECURITY NUMBER USED WHILE ATTENDING _____

DATES OF ATTENDANCE _____

CURRENT MAILING ADDRESS _____

PHONE NUMBER _____

Please choose one:

HOLD FOR PICK UP (Held for 30 days then destroyed)

MAIL TO ADDRESS ABOVE

STUDENT'S SIGNATURE _____

TODAY'S DATE _____

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING

----- OFFICE USE -----

Processed By: _____

Date Mailed: _____

Hold For Pick-Up Contact Dates: _____