



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:

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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: _____

<u>FOR OFFICE USE ONLY</u>	
<i>Diploma Ordered</i> _____	<i>Diploma Mailed</i> _____