UMPQUA
Community College

Degree/Certificate Reprint Form

Degree / Certificate Reprint Fee $30 *(per copy)*

_____
Last Name   First Name   Middle Initial   Student ID Number

_____
Birthdate (MMDDYYYY)   Phone Number   Former Names Used

Section 1 – REQUEST

Number of copies requested: _____ x $30 each = $_____.00

Section 2 – DELIVERY METHOD

☐ **Student Pick-up**
Degrees will be held for 30 days. Any degrees not picked up within the 30-day allowance will be disposed of with NO REFUND offered.

☐ **Mail**

_____
Issued to   Phone

_____
Mailing Address   City   State   Zip

Student Signature_____ **Date:** _____
Signifies Approval & Authorization

OFFICE USE ONLY
Staple a copy of the paid receipt to this request form

GRADUATION DATE: _____
PROGRAM listed on degree(s):

_____

_____

Delivery Method:
☐ Mail   Date _____ Initials: _____

☐ Student Pick-Up   Date _____ Initials: _____

☐ TSAAREV Charge Code entered: GRDR