REQUEST FOR DUPLICATE DIPLOMA OR CERTIFICATE Check Appropriate College							
$(\mathfrak{Q}\mathfrak{Q})$)					Admissions	
SAN MATEO COUN COMMUNITY COLLEGE I		Cañada College 4200 Farm Hill Boulevar	-	College of San Mate 1700 West Hillsdale		Skyline College 3300 College Drive	
SMCCC	Redwood City, CA 94061 Phone: (650) 306-3226 Fax: (650) 306-3113		1	San Mateo, CA 9440 Phone: (650) 574-61 Fax: (650) 574-6506	65	San Bruno, CA 94066 Phone: (650) 738-4251 Fax: (650) 738-4200	
Student's ID#	G:						
Last Name	First NameMiddle						
Name on Diploma/Certificate <i>if different from above</i> :							
Mailing Address:							
Phone Numbe	r:E-Mail:						
<i>Year</i> Degree/Certificate Awarded:							
Degree Major:Option:							
Type of Degree: AA A-T AS AS-T							
Certificate (Major):Option:							
 The current College President and President of the Board of Trustees signatures will appear on any reprinted diploma; therefore, may differ from your original diploma. Requests for diploma reprints may take up to ten (10) business days to process. 							
Student Signature:Date:							
PAYMENT AUTHORIZATION Submit \$20.00 per Diploma/Certificate							
Number of Copies:							
Type of credit ca	ard: 🗌 Ame	erican Express 🛛 🗌 🛛)iscover [Master Card	🗌 Visa		
Credit Card Number:Expiration Date:							
Card V-Code (Required):(It is the last three digits located on the back of your credit card.)							
Amount to be charged: \$							
I hereby authorize the above amount to be billed to my credit card for the above named student.							
Print Name of Cardholder:							
Signature of Cardholder: Date:							
	Office use: Date ReceivedStaff:						