

SADDLEBACK COLLEGE
Office of Admissions, Records, and Enrollment Services

**REQUEST FOR DUPLICATE DIPLOMA, CERTIFICATE OF ACHIEVEMENT, OR
 OCCUPATIONAL SKILLS AWARD**

There is a fee of \$15.00 for each duplicate award printed which must accompany this form. Please make check or money order payable to Saddleback College or contact the Student Payment Office (1-949-582-4870) for other payment options. Please print Student Number on any accompanying checks.

Requestor Information

| | | | |
|--------------------------|--|--------------------|--|
| Student Number | | Last Name | |
| Date Of Birth | | First Name | |
| Phone Number | | Middle Name | |
| E-mail Address | | | |
| Mailing Address | | | |
| Will Call/Pick Up | Check this box if you would like to pick up your award (Photo ID Required) | | |

Award Reprint Information

| | | | |
|------------------------------|---------------|--------------------|----------------------------------|
| Award (1) Type | Degree | Certificate | Occupational Skills Award |
| Award (1) Major/Title | | | |
| Award (1) Date | | | |

| | | | |
|------------------------------|---------------|--------------------|----------------------------------|
| Award (2) Type | Degree | Certificate | Occupational Skills Award |
| Award (2) Major/Title | | | |
| Award (2) Date | | | |

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|------------------------------|---------------|--------------------|----------------------------------|
| Award (3) Type | Degree | Certificate | Occupational Skills Award |
| Award (3) Major/Title | | | |
| Award (3) Date | | | |

Please allow 5 business days for your request to be processed.

| | | | |
|--------------------------|--|-------------|--|
| Student Signature | | Date | |
|--------------------------|--|-------------|--|

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| For Office Use Only | Paid | Received By | Date |
|----------------------------|-------------|--------------------|-------------|