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: _____ (format: ###-###-###)

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**:** _____

FOR OFFICE USE ONLY

Diploma Ordered _____ *Diploma Mailed* _____

COMPLETE FOR MAIL AND FAX REQUEST ONLY

Indicate method of payment – **DO NOT SEND CASH**
☐ Check Enclosed Charge my: ☐ Visa ☐ MasterCard

Card holder's name (please print) _____

Card holder's signature _____

Card number _____ Expiration date _____
####-####-####-#### mm/yy