

## SANTA ANA COLLEGE GRADUATION OFFICE

## REQUEST TO PICK UP DIPLOMA/CERTIFICATE

| STUDENT'S NAME (please print)   |     |              |          |      |  |
|---------------------------------|-----|--------------|----------|------|--|
| STUDENT ID# OR SS#              |     |              |          |      |  |
| DATE OF GRADUATION (circle one) | MAY | AUGUST       | DECEMBER | YEAR |  |
| MAJOR(S)                        |     |              |          |      |  |
|                                 |     |              |          |      |  |
|                                 |     |              |          |      |  |
|                                 |     |              |          |      |  |
|                                 |     |              |          |      |  |
| Student's signature             |     | Today's date |          |      |  |
| ()                              |     |              |          |      |  |