



SANTA ANA COLLEGE

REQUEST FOR A DUPLICATE DIPLOMA/CERTIFICATE

THERE IS A \$10 FEE FOR EACH DUPLICATE AWARD REQUESTED

Make checks payable to *Santa Ana College*. Allow two to four weeks for delivery.

Name: _____

Student ID/SSN #: _____

Date(s) Awarded: _____ Type of Award(s): _____ AA/AS _____ Certificate

Major(s): _____

Print your name EXACTLY as you wish it to appear on your diploma/certificate:

1. Please notify when document is available:

Phone: () _____

Email: _____@_____

OR

2. Please mail my diploma/certificate to:

Signature _____ Date _____

Please submit this form along with payment by mail to the Graduation Office:

**Santa Ana College
Graduation Office, Room S-104
1530 W. 17th Street
Santa Ana, CA 92706**