

REQUEST FOR REPLACEMENT OF DIPLOMA

NAME WHILE ATTENDING SCHOOL:			
NAME ON DIPLOMA:			
MAILING ADDRESS:			
Street	City	State	Zip / Country
Phone Number	Social Security # or K#		
Sig	nature		
If you have received more than one degree/certificat	te from Ch	emeketa:	
Do you want remakes of all your degrees/certificates?	Yes	No	
If no, which degrees/certificates do you want remade?			
	Remake of	charges:	
For information on how to obtain GED transcripts and certificates, contact:	Insert (\$10 per degree/certificate)		
OREGON GED PROGRAM 255 CAPITOL ST NE SALEM, OR 97310-0203 PHONE: 503.947.2442	(Cover (\$5 per c	over)
		TOTAL	
Mail request to:			Acct Code: DIPL
Chemeketa Community College Enrollment Services 2-200 PO Box 14007 Salem, OR 97309-7070	* Please a	llow 4-6 weeks to	receive the diploma

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