VIRGINIA WESTERN

WE'LL TAKE YOU THERE >

REQUEST FOR DUPLICATE DIPLOMA

Name:		Empl ID:	
Address:		* Last 4 of SSN:	xxx-xx-___ ___ ___ ___
City/State/Zip:		Current Phone:	
Curriculum or Plan:		Date Degree Awarded:	

* See Privacy Statement which can be obtained in the Enrollment Center/Records Office.

Only use this form if you graduated from Virginia Western prior to spring 2022.

There is a $10.00 fee for each duplicate degree/certificate/diploma you request. Payment is due at the time you submit your request. Please make checks payable to Virginia Western Community College.

If you plan to pick up your diploma, we will contact you by telephone when it is complete. If we are mailing your diploma to you, please check the box below. <u>By mailing your diploma we cannot be responsible for any damage incurred by sending it</u>.

☐   *Please call me at the number reflected above and I will pick up my diploma.*

☐   *Please mail my diploma to the address reflected above.*

_____   _____

Student Signature   Date

_____

Records Staff: Processed by_____

☐Name	☐CUM ☐MAGNA ☐SUM	Honor Society ☐Yes ☐No

06/23/22