

REQUEST FOR DUPLICATE DIPLOMA

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704 Email: records@virginiawestern.edu / Fax: 540-857-6102

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Name:		Empl ID:	
Address:		* Last 4	
		of SSN:	xxx-xx
City/State/Zip:		Current	
		Phone:	
Curriculum or		Date	
Plan:		Degree	
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* See Privacy Statement	which can be obtained in the Enrollment Center/Reco	ords Office.	
Only use this fe	orm if you graduated from Virgi	inia Wastarn nriar	to spring 2022
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There is a \$10	00 fee for each duplicate degree	/cortificato/dinlon	aa vou vaanast
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•	at the time you submit your req	juest. Please mak	e checks payable to
Virginia Weste	rn Community College.		
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If you plan to p	pick up your diploma, we will co	ntact you by teleph	hone when it is
complete. If we	e are mailing your diploma to yo	ou, please check th	ne hox helow. By
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Stu Records Staff: Pro	dent Signature	d above and I will is reflected above.	pick up my diploma. Date