



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#

Signature

If you have received more than one degree/certificate from Chemeketa:

Do you want remakes of all your degrees/certificates? Yes No

If no, which degrees/certificates do you want remade? _____

Remake charges:

For information on how to obtain **GED** transcripts and certificates, contact:

OREGON GED PROGRAM
255 CAPITOL ST NE
SALEM, OR 97310-0203
PHONE: 503.947.2442

_____ Insert (\$10 per degree/certificate)

_____ Cover (\$5 per cover)

===== TOTAL

Acct Code: DIPL

Mail request to:

Chemeketa Community College
Enrollment Services 2-200
PO Box 14007
Salem, OR 97309-7070

** Please allow 4-6 weeks to receive the diploma*