

REQUEST FOR DUPLICATE DIPLOMA OR CERTIFICATE

Check Appropriate College



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

SMCCCD

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506
csmadmission@smccd.edu

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200

Student's ID# G: _____

Last Name _____ First Name _____ Middle _____

Name on Diploma/Certificate *if different from above*: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Year Degree/Certificate Awarded: _____

Type of Degree: AA AA-T AS AS-T

Degree: _____ Major: _____

Certificate: _____ Major: _____

Student Signature: _____ Date: _____

PAYMENT AUTHORIZATION Submit \$20.00 per Diploma/Certificate

Number of Copies: _____

Type of credit card: American Express Discover Master Card Visa

Credit Card Number: _____ Expiration Date: _____

Card V-Code (Required) _____ (It is the last three digits located on the back of your credit card.)

Amount to be charged: \$ _____

I hereby authorize the above amount to be billed to my credit card for the above named student.

Print Name of Cardholder: _____

Signature of Cardholder: _____ Date: _____

Office use: Date Received _____ Staff: _____