



Wilsonville: 27501/27375 SW Parkway Avenue, OR 97070 Phone: 503-682-1862 / fax: 503-682-6801
 Springfield: 3800 Sports Way, Springfield, OR 97477 phone: 541-684-4644/ fax: 541-684-0665

DUPLICATE DEGREE REQUEST FORM

PLEASE COMPLETE THIS FORM IN FULL	
LAST, FIRST, MIDDLE INITIAL	DATE
ADDRESS	TELEPHONE NO.
CITY, STATE & ZIP	YOUR SOCIAL SECURITY NUMBER
OTHER NAMES USED WHILE ATTENDING	DATE OF BIRTH
YEAR LAST ATTENDED	YOUR SIGNATURE

<input type="checkbox"/> MAIL	Visa/MasterCard Credit/Debit card number:
<input type="checkbox"/> HOLD FOR PICK UP (photo ID required)	Expiration date: CVV code:
Name on card:	

FEE: \$10.00 EACH	FOR OFFICE USE ONLY		
Please allow 4-6 weeks for processing.	DATE ISSUED	<input type="checkbox"/> CHECK/CASH	<input type="checkbox"/> CREDIT CARD
	AMOUNT PAID	RECEIVED BY/DATE	RECEIPT NO.