



**Beaverton:** 4145 SW Watson Ave #300 Beaverton, OR 97005 | Phone: 503-646-6000 | Fax: 971-200-2424  
**Springfield:** 3800 Sports Way, Springfield, OR 97477 | Phone: 541-684-4644 | Fax: 503-376-6039  
**Wilsonville:** 27375 SW Parkway Avenue, Wilsonville, OR 97070 | Phone: 503-682-1862 | Fax: 503-343-3286

### 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	<b>YOUR SIGNATURE</b>

<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		
<b>Please allow 4-6 weeks for processing.</b>	DATE ISSUED	<input type="checkbox"/> CHECK/CASH	<input type="checkbox"/> CREDIT CARD
	AMOUNT PAID	RECEIVED BY/DATE	RECEIPT NO.