

## **REQUEST FOR REPLACEMENT OF DIPLOMA**

NAME WHILE ATTENDING SCHOOL:			<u> </u>
NAME ON DIPLOMA:			
MAILING ADDRESS:			
Street	City	State	Zip / Country
Phone Number		Social Security # o	or K#
Sig	nature		
If you have received more than one degree/certificat	te from Ch	emeketa:	
Do you want remakes of all your degrees/certificates?	Yes	No	
If no, which degrees/certificates do you want remade?			
	Remake o	charges:	
For information on how to obtain <b>GED</b> transcripts and certificates, contact:	I	nsert (\$10 per d	legree/certificate)
OREGON GED PROGRAM 255 CAPITOL ST NE SALEM, OR 97310-0203	(	Cover (\$5 per o	cover)
PHONE: 503.947.2442		TOTAL	
Mail request to:			Acct Code: DIPL
<u>Mail request to:</u> Chemeketa Community College Enrollment Services 2-200 PO Box 14007 Salem, OR 97309-7070	* Please al	llow 4-6 weeks to	o receive the diploma

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