



## 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*