

DEPARTMENT OF STUDENT SERVICES

REQUEST FOR REPRINT OF DIPLOMA

Name:	
Social Security Number:	
Date of Birth:	
Former Name(s):	
Date of Graduation:	
Degree Received:	
Current Mailing Address:	
Phone # During Day:	
LOCATIONS. IT MAY BE FAXED TO 817-598-6463 OR S	N PERSON AT ANY OF THE FOUR WEATHERFORD COLLEGE SCANNED AND EMAILED TO ANICHOLS@WC.EDU, RVICES, 225 COLLEGE PARK DRIVE, WEATHERFORD,TX
• IF REQUESTING A DIPLOMA REPRINT IN PERSON, YOU MUST PRESENT A VALID PHOTO ID. IF MAILING, FAXING, OR EMAILING A DIPLOMA REPRINT YOU MUST INCLUDE A COPY OF A VALID PHOTO ID WITH YOUR REQUEST.	
REPRINTS OF DIPLOMAS ARE NOT PROVIDED ON-DEN APPROXIMATELY ONE WEEK FROM THE DATE OF YOU	MAND. YOU SHOULD RECEIVE YOUR COPY IN THE MAIL IN R REQUEST.
Student signature	DATE OF REQUEST