WEATHERFORD COLLEGE
1869

REGISTRAR

REQUEST FOR REPRINT OF DIPLOMA

Name(s) Attended Under: _____

Name to Appear on Diploma: _____

Student ID: _____

Date of Birth (MM/DD): _____

Last 4 Digits of Social Security Number: _____

Email Address: _____

Degree Received: _____

Date of Graduation: _____

Diploma Mailing Address (Street, City, State, Zip):

_____

Phone Number During Day: _____

• REQUESTS FOR A DIPLOMA REPRINT MAY BE MADE IN PERSON AT ANY OF THE FOUR WEATHERFORD COLLEGE LOCATIONS. IT MAY BE SCANNED AND EMAILED TO ANICHOLS@WC.EDU. PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING.

• IF REQUESTING A DIPLOMA REPRINT IN PERSON, YOU *MUST* PRESENT A VALID PHOTO ID. IF EMAILING A DIPLOMA REPRINT REQUEST, YOU MUST INCLUDE A COPY OF A VALID PHOTO ID.

• REPRINTS OF DIPLOMAS ARE NOT PROVIDED ON-DEMAND. YOU SHOULD RECIEVE YOUR COPY IN THE MAIL IN APPROXIMATELY ONE WEEK FROM THE DATE OF YOUR REQUEST.

_____ _____

Student Signature Date of Request