

North Seattle College  
9600 College Way North  
Seattle, WA 98103-3599

The Seattle Colleges do not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, sexual orientation, gender identity, veteran or disabled veteran status, political affiliation or belief, citizenship/status as a lawfully admitted immigrant, or disability. Inquiries regarding compliance and/or grievance procedures may be directed to the college's Title IX/RCW 28A.640 officer and/or Section 504/ADA coordinator. Title IX/Chapter 28A.640 RCW Officer, David Bittenbender, (206) 934-7792, Section 504/ADA Coordinator Sarah Nagpal (206) 934-7808

## REQUEST FOR DUPLICATE DIPLOMA / CERTIFICATE OR DEGREE

PLEASE PRINT CLEARLY

NSC Student ID Number : \_\_\_\_\_ Date : \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

*We cannot alter the established name in NSC's computer database. If you desire a name change or change to your records please contact the NSC Records Manager, a name change request will need to be made 4 days in advance before ordering duplicate Diploma / Certificate or Degree.*

MAILING ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_ Email : \_\_\_\_\_

**WILL PICK UP DIPLOMA IN PERSON:** YES / NO      **NUMBER OF COPIES :** \_\_\_\_\_  
(Pick up at Admissions/Registration Front Counter only)      (**\$15.00 each**)

*Covers costs of verification, production, and delivery of duplicate degrees and certificates. It is charged for each copy requested.*

Credit Card Number	_____	_____	_____	_____
Expiration Date	_____ / _____			
Name as it appears on card	_____			
Signature	_____			

*For duplicate copies of a degree or certificate place your order through the **Cashiers's Office** or in person, by fax at (206) 934-0068 by mail. Please allow 2-3 weeks to process this request.*

YEARS/QTR GRADUATED : \_\_\_\_\_

What award did you earn? (Check Below)

- |   |  |
|---|--|
| <input type="checkbox"/> Associate of Arts                                | <input type="checkbox"/> Associate of Science                              |
| <input type="checkbox"/> Associate of Arts Option 1                       | <input type="checkbox"/> Associate of Science Option 2                     |
| <input type="checkbox"/> Associate of Fine Arts                           | <input type="checkbox"/> Associate of Business                             |
| <input type="checkbox"/> Associate of Applied Science (AASD) in:<br>_____ | <input type="checkbox"/> Associate of Applied Science (AAS-T) in:<br>_____ |
| <input type="checkbox"/> Certificate of Completion in :<br>_____          | <input type="checkbox"/> Other<br>_____                                    |
| <input type="checkbox"/> High School Diploma                              |  |

### OFFICIAL USE ONLY :

Request submitted : \_\_\_\_\_ Comments : \_\_\_\_\_

Credentials Evaluator : \_\_\_\_\_

Duplicate Diploma Sent : \_\_\_\_\_

CASHIER STAMP REQUIRED FOR PROCESSING

Budget No: 061-3D02 - EF (Source 420 APPR 000)