



DUPLICATE DIPLOMA/CERTIFICATE REQUEST

**+++ \$25 fee per request (Include payment or visit Cashier Window) Request must be notarized +++
CASH NOT ACCEPTED via Mail Cashier Check or Money Order (Remit Eastfield College)**

Last Name _____ First Name _____

Middle Name _____ Today's Date _____

Student ID _____ SSN # _____

Contact Phone _____ Email _____

Address _____ Apt/PO BOX # _____

City _____ State _____ Zip Code _____

Degree Conferral Date _____

Degree/Certificate Name Awarded _____

++DIPLOMAS/CERTIFICATES WILL BE PRINTED WITH THE NAME ON YOUR EASTFIELD RECORD AT THE TIME OF GRADUATION, AND SPELLED AS WRITTEN ON YOUR GRADUATION APPLICATION, UNLESS OTHERWISE NOTED BELOW++

(Original and copy of appropriate legal documents which indicate name change required)

Request Reason

(Original and copy of appropriate legal documents which indicate name change required)

(OFFICE USE ONLY)

Legal Documents Attached – *Copies Only*(place check mark)

Fee Receipt Attached(place check mark)

Staff Date Stamp /
Initials

This instrument was subscribed and sworn to before me by:

Printed Name _____

Signature _____

on the _____ day of _____, _____.

State of _____

County of _____

_____ Notary Public's Signature