UCC
UMPQUA COMMUNITY COLLEGE

Registration and Records
PO Box 967
Roseburg, Oregon 97470
541.440.4604 | Fax 541.440.7713
Registration@umpqua.edu

Degree / Certificate Reprint Request Form

Degree / Certificate Reprint Fee $30 *(per copy)*

_____
Last Name   First Name   Middle Initial   Student ID Number

_____
Birthdate (MMDDYYYY)   Former Names Used

Section 1 – REQUEST

Number of copies requested:_____ x $30 each = $_____.00

Section 2 – DELIVERY METHOD

☐ **Student Pick-up**
    Degrees will be held for 30 days. Any degrees not picked up within the 30 day allowance will be disposed of with NO REFUND offered.

☐ **Mail**

_____
Issued to   Phone

_____
Mailing Address   City   State   Zip

Student Signature_____ **Date:**_____
Signifies Approval & Authorization

OFFICE USE ONLY
Staple a copy of the paid receipt to this request form

GRADUATION DATE: ____/____/_____   **Delivery Method:**
PROGRAM listed on degree(s):   ☐ Mail   Date____/____/_____Initials:_____

_____   ☐ Student Pick-Up   Date____/____/_____Initials:_____

_____   ☐ TSAAREV Charge Code entered: GRDR