

Full Name \_\_\_\_\_ Student ID# (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**LIST ANY OTHER NAMES YOU MAY HAVE USED WHILE ATTENDING CR**

Previous First Name: \_\_\_\_\_ Previous Last Name: \_\_\_\_\_

**DIPLOMA/CERTIFICATE REPRINT INFORMATION**

Name to Appear on Diploma/Certificate: \_\_\_\_\_

Program to Appear on Diploma/Certificate: \_\_\_\_\_

*\*If you have completed multiple programs, you must complete a separate form for each Diploma/Certificate reprint request.\**

Awarded: \_\_\_\_\_  
Year Semester

Number of copies requested: \_\_\_\_\_ Cost per copy: \_\_\_\_\_ Total due: \_\_\_\_\_

Submission Method: In-Person: \_\_\_\_\_ Online: \_\_\_\_\_ Mail: \_\_\_\_\_  
 (Payment info below)

Mailing Address for Diploma/Certificate: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip Code

**GRADUATE'S ACKNOWLEDGEMENT**

***By signing below, I acknowledge understanding that the replacement Diploma/Certificate will bear the signatures of the current state and College officials.***

Graduate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSIONS BY MAIL**

**Make US Bank check or Money Order out to:** College of the Redwoods  
**In the memo, write:** Diploma/Certificate Reprint  
**Mail this form along with check/Money Order to:**  
 College of the Redwoods  
 Admissions & Records Office  
 7351 Tompkins Hill Rd  
 Eureka, CA 95501

**SUBMISSIONS IN PERSON**

**Submit full payment to:** Cashier's Window  
**Submit this form & receipt to:** Enrollment Services Window

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**SUBMISSIONS ONLINE**

**Submit this form & receipt to:** [evaluator@redwoods.edu](mailto:evaluator@redwoods.edu).  
 Allow 1-2 business days processing time. After form has been processed payments can be made through your CR WebAdvisor account. Reprints will not be mailed until the payment has been verified.

If you have any questions, please email [evaluator@redwoods.edu](mailto:evaluator@redwoods.edu) or call (707) 476 – 4205.