



When submitting your request, please either email to admissions@shastacollege.edu or mail to the below address:

**Admissions & Financial Aid Office
PO Box 496006, Redding, CA 96049-6006**

STUDENT INFORMATION - REQUIRED:		
Student ID#:	Date of Birth:	
First Name:	Last Name:	M.I.
Home #:	Cell #:	

Title of Request
Name of Degree/Certificate Requested
Year Degree/Certificate Earned

Delivery		
Mail To:		
Address:		
City:	State:	Zip:

Payment Information: Duplicate copy fee of \$15 per copy must be paid at the time of request. You can pay by cash, money order, check or credit card. All past debts to Shasta College must be paid before duplicate copy requests can be processed.

Credit Card Authorization	
I authorize Shasta College to charge any past debts owed to the college and/or cost of this request to my credit card.	
What kind of card:	Other _____
Card Number _____	Expiration Date ____/____
Signature _____	Date _____

Office Use Only

Date Received: _____	Duplicate Fees Paid _____	Date Mailed _____
Delinquent Fees Paid _____	Total Fees Paid _____	Initials _____