

**There is a \$10 fee for each duplicate degree/certificate. You should allow 6-8 weeks for processing and mailing of your request. Payment is due with order. Orders without payment will not be processed.**

\_\_\_\_\_  
Last Name (as appeared on original diploma)                      First                      MI

\_\_\_\_\_  
RCC Student ID

\_\_\_\_\_  
Previous/maiden name(s)

\_\_\_\_\_  
Name of program completed

\_\_\_\_\_  
Program completion date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

**Please mail my duplicate degree/certificate to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Signature of person who earned the degree/certificate is required**

**PAYMENT INFORMATION:**

\_\_\_\_\_ Total Duplicates Requested                      \$ \_\_\_\_\_ Total

Make checks payable to: Rogue Community College. **Orders without payment will not be processed.**

Cash (Do not mail cash)     Check                      Credit Card:     Visa     MC     Discover     AMEX

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_ CVV Code (3 digit code on back) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Phone \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**E-mail, fax, or mail  
completed **signed** form  
with fee to:**

studentrecords@rogucecc.edu  
Fax (541) 245-7648  
Enrollment Services  
Rogue Community College  
3345 Redwood Hwy.  
Grants Pass, OR 97527