

# Westmont College Replacement Diploma Request

Full Name: \_\_\_\_\_

Birth Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Month and Year of Graduation: \_\_\_\_\_

Major(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address for Diploma:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Replacement Diplomas are mailed  
on the first business day of  
each month.**

E-mail Address: \_\_\_\_\_

## Payment Methods: **Cash OK in person.**

VISA or  
MasterCardONLY

Credit Card Number:

Expiration Date:

Name on Credit Card:

**\$10.00**

**Personal Check:** Please make check payable to Westmont College. You must send a copy of the check with scanned or faxed request form and then mail original check to Westmont along with original request form.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

Your signature authorizes Westmont to release your diploma and charge your credit card.

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### **Mail Diploma Request (and check) to:**

Westmont College  
Student Records Office  
955 La Paz Road  
Santa Barbara, CA 93108-1089

### **Fax Diploma Request (and copy of check) to:**

805-565-7399

### **E-mail Scanned Request (and copy of check) to:**

registrar@westmont.edu