

Westmont College Replacement Diploma Request

Full Name: _____

Birth Name: _____

ID#: _____

Date of Birth: _____

Last 4 Digits of 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	<input type="checkbox"/>	Credit Card Number:	Expiration Date:	Name on Credit Card:
	<input type="checkbox"/>	Personal Check: Please make check payable to Westmont College. You must send a <u>copy</u> 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.

Mail Diploma Request (and check) to:

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

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

registrar@westmont.edu