



DEL MAR COLLEGE

Diploma Reprint

Name: _____

Student ID/SSN: _____ DOB: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Graduation Date*: _____ Mail Pick-up

Signature: _____ Date: _____

* Please note that regardless of delivery method, degrees conferred prior to 1990 will require 2 to 3 weeks for processing.

There is a \$20 reprint fee payable to the Cashier's Office. Please attach the receipt with your request.

Office use only

FABO Hold: Yes No Receipt #: _____ Completed by _____ Date _____