

Admissions & Records DIPLOMA REPLACEMENT & DUPLICATE REQUESTS

SBCC ID K	Date of Birth:
Student Name:	
Student Name to appear on Diplo	oma:
Phone:	E-mail:
Type: ☐ AA/AA-T ☐ AS/AS-T ☐	☐ Certificate of Achievement ☐ Skills Competency Award
Program(s) of Study:	
☐ Fall ☐ Spring ☐ Sur	mmer Year Awarded: per diploma. Number of copies requested:
Mailing Address:	
responsibility to log in and pay fee my record.	ount. Fees will be applied after receipt of completed form. It is my s. I acknowledge that failure to do so will result in a financial hold placed on to SBCC and include your SBCC ID number on the check.
Signature:	Date:
•	BCC Admissions & Records, 721 Cliff Drive, Santa Barbara, CA 93109; email to 5) 962-0497. Visit sbcc.edu/diplomas for more information about diplomas.
OFFICE USE	
Total \$ Check enclosed F	Pipeline Charge Paid at Cashier Date Printed Processed by
	Rev. 9/19/23