



Registration and Records
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
Registration@umpqua.edu

Degree / Certificate Reprint Request Form

Degree / Certificate Reprint Fee \$30 (per copy)

 Last Name First Name Middle Initial Student ID Number

 Birthdate (MMDDYYYY) Former Names Used

Section 1 – REQUEST

Number of copies requested: _____ x \$30 each = \$_____.00

Section 2 – DELIVERY METHOD

Student Pick-up
 Degrees will be held for 30 days. Any degrees not picked up within the 30 day allowance will be disposed of with NO REFUND offered.

Mail

 Issued to Phone

 Mailing Address City State Zip

Student Signature **Date:**

Signifies Approval & Authorization

OFFICE USE ONLY

Staple a copy of the paid receipt to this request form

GRADUATION DATE: ____/____/____

PROGRAM listed on degree(s):

Delivery Method:

Mail Date ____/____/____ Initials: _____

Student Pick-Up Date ____/____/____ Initials: _____

TSAAREV Charge Code entered: GRDR