



Registrar's Office
 2020 Riverside Drive
 Berlin, NH 03570
 Fax: (603) 752-6335

REPLACEMENT DIPLOMA REQUEST FORM

INSTRUCTIONS

1. Complete ALL Information below.
2. Return completed form to the Registrar's Office
3. Please allow 4-6 weeks for mail delivery

PLEASE PRINT – Complete all information requested below

NAME ON ORIGINAL DIPLOMA:	STUDENT ID #	A							
DEGREE/CERTIFICATE AWARDED:	YEAR GRADUATED:								

\$20.00 PROCESSING FEE MUST ACCOMPANY THIS FORM

CASH <input type="checkbox"/>	*CHECK <input type="checkbox"/>	CREDIT CARD#: _____ NAME AS IT APPEARS ON CARD: _____ BILLING ADDRESS: _____ EXPIRATION DATE: _____
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PAYABLE TO *WHITE MOUNTAIN COMMUNITY COLLEGE

PLEASE MAIL DIPLOMA TO:

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Student Signature: _____ **Date:** _____

FOR REGISTRAR USE ONLY	
PROCESSED BY:	DATE: