

## REQUEST FOR DUPLICATE DIPLOMA / CERTIFICATE OF COMPLETION

DATE OF REQUEST	Γ	SID #	or SOCIAL SECURIT	ΓY #		
Type in your name	e and complete address	below of where you	ı would like your d	degree/certif	icate to be	mailed to.
FIRST NAME		LAST I	NAME			
ADDRESS		CITY			STATE	
ZIP CODE	TELEPHONE #		EMAIL ADDRESS	<b>S</b>	'	
NAME ON SCHOOL RECORD IF DIFFERENT FROM ABOVE						
Type Name <u>below</u> as it should appear on Diploma/Certificate						
FIRST NAME		IIDDLE NAME		LAST NAME		
Please select the degree/certificate box below and type the major including the semester and year the degree/certificate was awarded.						
DEGREE	Places true the Ace	asiata of Auto ou Coion			Awardad	Voor Awarded
Please type the Associate of Arts or Science degree major  Semester Awarded Year Awarded  CERTIFICATE  Please type the Certificate of Achievement major  Semester Awarded Year Awarded						
QTY. REQUESTING TOTAL DUE \$10/per each request						
STUDENT SIGNAT	URE		DATE			
Mail your request along with a Money Order or Cashier's Check to: LASC Attn: Business Office 1600 W Imperial Hwy, Los Angeles, CA 90047. Once your payment has been processed the Business Office will email your request form to the Admissions & Records Office for final processing.  **** DUE TO THE CURRENT HEALTH PANDEMIC THERE WILL BE A DELAY IN PROCESSING AND MAILING ****						
Business Office Use Only			Admissions Office Use Only			
Receipt # Processed by			In-Take by Date			
Date Submitted to A&R Office			Date Mailed Out to Student			