

REQUEST FOR DUPLICATE DIPLOMA

Office of the Registrar

Fax: (323) 341 – 4886 Email: registrar@oxy.edu

Full Name: _____

Email: _____

Name under which you attended: _____

Graduation Year: _____ **DOB:** _____

Request: Duplicate Diploma (\$50)
Select all that apply Diploma Cover (\$10)

Major(s): _____

Permanent Address: _____

Street

City

State

Zip Code

If the duplicate diploma must be shipped to a third party, please provide the address below:

Street

City

State

Zip Code

I understand that my request will be processed and shipped within 7-10 business days.

Signature

Date

PAYMENT

To pay by **credit card**, visit us in-person or call us at (323) 259-2686.
Never send credit card information via email or fax.

To pay by **check**, please make the check payable to *Occidental College* and mail it with this form to:

Office of the Registrar
AGC Suite 101
1600 Campus Road, F-50
Los Angeles, CA 90041