



~REPLACEMENT DIPLOMA REQUEST FORM~

Name(s) on your Western records: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Approximate dates of attendance: \_\_\_\_\_

How do you want your name to appear on the diploma? \_\_\_\_\_

Address where we should mail your diploma:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature:  
\_\_\_\_\_

**PAYMENT INFORMATION**

**Fee: \$20.00**

**Credit Card Information**

FOR CASHIER OFFICE USE  
ONLY

Name on card: \_\_\_\_\_  
Type of card: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_

**Check will be mailed (please send to):**  
Western State College  
Attn: Cashier Services  
Gunnison, CO 81231

Return completed form to Taylor 300, or fax to 970-943-2212.