

## REQUEST FOR REPLACEMENT or DUPLICATE DIPLOMA

- This request may be submitted using one of the following options:
  - Mail or In-Person: Las Positas College, Admissions & Records, 3000 Campus Hill Dr, Livermore, CA 94551
  - Email: lpc-evaluations@laspositascollege.edu
  - **Fax:** 925.606.6437
- All diplomas are mailed directly to students via Parchment services. Please allow 4-6 weeks for processing.

Number of copies Payment may be made as a comment may below, I certif	fy that my request is comple	llege or paid in-person with cash or credit card. ete and accurate. I am responsible for  Date
Number of copies Payment may be made as a c	@ \$30 each = \$ check made out to Las Positas Con fy that my request is comple	llege or paid in-person with cash or credit card.
· · · · · · · · · · · · · · · · · · ·	@ \$30 each = \$	
First	Middle	Last
<b>Your name will be printed as it appears on your permanent student record.</b> If you want a different name printed on your diploma, you must provide legal documentation your name change to the Admissions & Records Office prior to this application.		
he major/certificate title is:		
City, State, and Zip Code		Email
o de la companya de		Telephone
Mailing Address		V
Mailing Address		W