

San Diego Community College District Processing Fees for Reissuing Diplomas

Current Name:						
(PRINT) Last		irst	MI		D' (I D)	
Name at time of Gradua (If different than above)	tion: Last	First		MI	Birth Date:	
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Is this a Legal Name Ch	ange? 🗖 Yes	□ No I	Date of Name C	Change:		
If yes, please ensure you he complete this request within reissuance fee waiver.						
Telephone:		E-	mail:			
Address:						
Street		(City		State	Zip
College of Graduation:	☐ City ☐	Mesa \square	J Miramar	Date of C	Graduation:	
Degree or Certificate Av	varded:					
■ The	omas will be mailed re will be a charge of te: This fee is waive	of \$10.00 for ea	ch diploma requ		e change – withir	n 1 year.)
Student Signature:					Date:	
College Evaluations Signature:			Date:			
_						
		CASHIEF	R USE ONLY			
	☐ Cash		☐ Visa/MC			
	Received by:					
Receipt Number:			Date Posted:			