

REQUEST FOR REPRINT OF DIPLOMA

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

FORMER NAME(S): _____

DATE OF GRADUATION: _____

DEGREE RECEIVED: _____

CURRENT MAILING ADDRESS: _____

PHONE # DURING DAY: _____

- **REQUESTS FOR A DIPLOMA REPRINT MAY BE MADE IN PERSON AT ANY OF THE FOUR WEATHERFORD COLLEGE LOCATIONS. IT MAY BE FAXED TO 817-598-6205 OR SCANNED AND EMAILED TO ANICHOLS@WC.EDU, OR MAILED TO WEATHERFORD COLLEGE STUDENT SERVICES, 225 COLLEGE PARK DRIVE, WEATHERFORD, TX 76086.**
- **IF REQUESTING A DIPLOMA REPRINT IN PERSON, YOU MUST PRESENT A VALID PHOTO ID. IF MAILING, FAXING, OR EMAILING A DIPLOMA REPRINT YOU MUST INCLUDE A COPY OF A VALID PHOTO ID WITH YOUR REQUEST.**
- **REPRINTS OF DIPLOMAS ARE NOT PROVIDED ON-DEMAND. YOU SHOULD RECEIVE YOUR COPY IN THE MAIL IN APPROXIMATELY ONE WEEK FROM THE DATE OF YOUR REQUEST.**

STUDENT SIGNATURE_____
DATE OF REQUEST