

North Seattle College
9600 College Way North
Seattle, WA 98103-3599

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REQUEST FOR DUPLICATE DIPLOMA / CERTIFICATE OR DEGREE

PLEASE PRINT CLEARLY

SID (Legacy Number) : _____

NSC CtcLink ID Number : _____

Date of Birth: _____

FIRST NAME: _____ LAST NAME: _____

We cannot alter the established name in NSC's computer database. If you desire a name change please contact NSCRecords@seattlecolleges.edu, a name change request will need to be made before submitting this form.

MAILING ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

EMAIL : _____

Credit Card Number	_____	_____	_____	_____
Expiration Date	_____	/	_____	
Name as it appears on card	_____			
Signature	_____			

All Payments Final! Payments cover costs of verification, production and delivery of duplicate degrees and certificates

Email form to NscCashiers@seattlecolleges.edu for payment Allow 2-3 weeks to process this request.

What award did you earn? (\$15.50 for each copy)

<input type="checkbox"/> Associate of Arts QTY: _____ YEAR/QTR GRADUATED: _____	<input type="checkbox"/> Associate of Science QTY: _____ YEAR/QTR GRADUATED: _____
<input type="checkbox"/> Associate of Arts Option 1 QTY: _____ YEAR/QTR GRADUATED: _____	<input type="checkbox"/> Associate of Science Option 2 QTY: _____ YEAR/QTR GRADUATED: _____
<input type="checkbox"/> Associate of Fine Arts QTY: _____ YEAR/QTR GRADUATED: _____	<input type="checkbox"/> Associate of Business QTY: _____ YEAR/QTR GRADUATED: _____
<input type="checkbox"/> Associate of Applied Science (AASD) in: _____ QTY: _____ YEAR/QTR GRADUATED: _____	<input type="checkbox"/> Associate of Applied Science (AAS-T) in: _____ QTY: _____ YEAR/QTR GRADUATED: _____
<input type="checkbox"/> Certificate of Completion in : _____ QTY: _____ YEAR/QTR GRADUATED: _____ Number of credits in certificate: _____ <i>Less than 20 credits? Email NSCShortTermCert@seattlecolleges.edu</i>	<input type="checkbox"/> Bachelor of Applied Science (BAS) in: _____ QTY: _____ YEAR/QTR GRADUATED: _____
<input type="checkbox"/> High School Diploma QTY: _____ YEAR/QTR GRADUATED: _____	<input type="checkbox"/> Other _____ QTY: _____ YEAR/QTR GRADUATED: _____