

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 . Allow 2-3 weeks to process this request.

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

Associate of Arts
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Science
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Arts Option 1
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Science Option 2
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Fine Arts
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Business
 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Applied Science (AASD) in:

 QTY: _____ YEAR/QTR GRADUATED: _____

Associate of Applied Science (AAS-T) in:

 QTY: _____ YEAR/QTR GRADUATED: _____

Certificate of Completion in :

 QTY: _____ YEAR/QTR GRADUATED: _____
 Number of credits in certificate: _____
*If less than 20, please request your diploma directly with **division***

Bachelor of Applied Science (BAS) in:

 QTY: _____ YEAR/QTR GRADUATED: _____

High School Diploma
 QTY: _____ YEAR/QTR GRADUATED: _____

Other

 QTY: _____ YEAR/QTR GRADUATED: _____