Merced College Duplicate Degree Request Form

Mail request to: Merced College
Attn: Evaluator, Box 14
3600 M Street
Merced, CA 95348-2806

Or Fax with Credit Card information to: (209) 384-6339

The name on your degree or certificate will be re-issued as it originally appeared on your diploma

Please print *legibly***.**

_____
Last Name First Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Year of Graduation: _____ Major: _____

_____
Signature (For all Requests) Date

FOR OFFICE USE ONLY	
Total Due : $	Receipt No.
Total Paid: $	Date Diploma Mailed
Date Paid:	

☐ $10.00 check or money order made out to Merced College enclosed/attached

☐ Charge to a credit card listed below:

Credit Card Number: _____ Expiration Date: _____

_____
Signature (For Credit Card use) Date