Duplicate Degree Request

Mt. Hood Community College

NOTE: FAXED REQUESTS WILL NOT BE ACCEPTED.

PLEASE FILL THIS FORM IN COMPLETELY

Missing information may affect or delay your request.

YOUR INFORMATION (PRINT CLEARLY)

_____ _____

First Name **Middle Initial** **Last Name** **Student ID # or Social Security Number**

Other names known at MHCC_____ **Telephone #**_____

_____ **Date of Birth:**_____

Street Address

_____

City, State & Zip

SEND TO:

Number of Copies_____

_____

Name

_____

Address

_____

City, State & Zip

Fee:
$5.00 per degree.
Please allow 3-5 days to process this request.

Mail to:
MHCC/Duplicate Degree Request
PO Box 1890
Gresham, OR 97030

I authorize MHCC to mail my duplicate degree to the address indicated above.

_____ _____

Student Signature (REQUIRED) **Date**

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NOTE: Payments made by check will result in a 5-business day delay. To avoid the delay please pay by credit/debit card.

Visa ☐ MasterCard ☐ Discover ☐ AmericanExpress ☐ Money Order ☐ *(included)* **Check ☐** *(included)*

Credit/Debit Card Number and expiration date:

__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ **Expiration Date** __ __ - __ __

$

Signature of Card Holder (REQUIRED)_____ **Amount Authorized**