

Please print and complete application.

Duplicate Degree Request

Mt. Hood Community College

PLEASE FILL THIS FORM IN COMPLETELY

Your information (print clearly)

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Student ID #
_____		_____	
Other Name While at MHCC		Email	
_____		_____	
Street Address		Telephone #	
_____		_____	
City, State & Zip		Date of Birth	

Address where degree is to be mailed.

Number of copies _____

Name	

_____	_____
Street Address	City, State & Zip

Please Mail Request to:

MHCC/Duplicate Degree Request
26000 SE Stark St.
Gresham, OR 97030

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

_____	_____
Student Signature (Required)	Date