



VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
 Email: records@virginiawestern.edu / Fax: 540-857-6102

Name:		Empl ID:	
Address:		* Last 4 of SSN:	xxx-xx-____ _
City/State/Zip:		Current Phone:	
Curriculum or Plan:		Date Degree Awarded:	

* See Privacy Statement which can be obtained in the Enrollment Center/Records Office.

There is a \$10.00 fee for each duplicate degree/certificate/diploma you request. Payment is due at the time you submit your request. Please make checks payable to Virginia Western Community College.

If you plan to pick up your diploma, we will contact you by telephone when it is complete. If we are mailing your diploma to you, please check the box below. By mailing your diploma we cannot be responsible for any damage incurred by sending it.

- Please call me at the number reflected above and I will pick up my diploma.
- Please mail my diploma to the address reflected above.

 Student Signature

 Date

STAFF:

<input type="checkbox"/> Name	<input type="checkbox"/> CUM <input type="checkbox"/> MAGNA <input type="checkbox"/> SUM	Honor Society <input type="checkbox"/> Yes <input type="checkbox"/> No
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