

 **LOS ANGELES MISSION COLLEGE**
DIPLOMA / CERTIFICATE MAILING FORM

Today's Date: _____

NAME _____

(Print) LAST

FIRST

MI

STUDENT ID 88 _____ - _____ GRADUATED _____

SEMESTER

YEAR

DATE OF BIRTH: _____ PHONE NUMBER: _____

NAME AS IT APPEARS ON DIPLOMA / CERTIFICATE:

Student Signature: _____

ADDRESS WHERE DIPLOMA WILL BE MAILED:

STREET CITY STATE ZIP CODE

Please be advised it is the students' responsibility for any lost/damaged items.

There will be a \$5.00 charge to mail the diploma / certificate. If you are requesting a duplicate diploma / certificate there is an additional \$10.00 charge.

Please include a \$5.00 Cashier's check/money order (*no personal checks*) made out to:

LOS ANGELES MISSION COLLEGE

Mail completed form and Cashier's check/money order (*no personal checks*) to:

Admissions and Records - Graduation Desk

13356 Eldridge Ave., Sylmar, CA 91342-3200

