



DIPLOMA RE-PRINT REQUEST

PO Box 749, Barrow, AK 99723
(907) 852-3333 / 1-800-478-7337 ext 1763
Fax (907) 852-1784

Name (when enrolled): _____

Maiden or other names used: _____

Birth date: _____ Social Security #: _____

Last Term Enrolled (Fall / Spring / Summer, and Year): _____

Number of copies requested: _____ Phone #: _____

Please transmit my diploma to:

Address:

Signature

Date

Diplomas are not issued for individuals with outstanding financial obligations to Ilisagvik College.

FOR OFFICE USE ONLY

Copy to be filed in student's file.