



# 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.