



RED ROCKS
COMMUNITY
COLLEGE

Student Records

13300 West 6th Ave., Box 8

Lakewood, CO 80228-1255

Office Phone: 303.914.6496

Email: Student.Records@rrcc.edu

Monday-Thursday 8am-6pm, Friday 9am-12pm

DIPLOMA/CERTIFICATE REORDER FORM

- Please provide your address and telephone number.
- If your name includes a professional title, proof of that title is required.
- **The cost for replacing a diploma is fifteen dollars each and is due in advance (make money order or check payable to RRCC).**

Name: _____ Student I.D. Number _____

Address: _____ Telephone # _____
Number and Street Name City State Zip

PRINT HOW YOU WANT THE NAME TO APPEAR ON THE DIPLOMA

Name: _____
 (LAST NAME MUST MATCH OUR RECORDS)

Type of Diploma (check one).

☐ Associate of Arts (major): _____ ☐ Associate of Sciences (major): _____

☐ Associate of General Studies (emphasis, if applicable): _____
 (exact catalog title required)

☐ Associate of Applied Science (emphasis, if applicable): _____
 (exact catalog title required)

☐ Certificate: _____
 (exact catalog title required)

Date diploma or certificate was conferred: _____
Month Day Year