



Official Diploma Request Form

(Cash, Check, Money Order)

Return Address:

WWCC Admissions and Registrar
500 Tausick Way
Walla Walla, WA 99362

Student Information

Last Name _____ First Name _____
Previous Last Name(s) _____ DOB _____
CTC ID/SID _____ Last 4-Digits of SSN _____
Email Address _____ Phone Number _____
Student Signature _____ Date _____

Diploma Order Details

Number of copies/covers requested _____ \$10.00 each. **PAYMENT IS REQUIRED BEFORE ORDER IS PROCESSED.**
_____ \$15.00 each for same day pickup.

Mail Diploma Now

Pick-Up Date: _____ between 1:00-5:00pm. **You will need Photo ID for pick-up.**

If diplomas are being mailed to more than one address, you will need to use additional forms.

NOTE: You are responsible for providing the correct mailing address below.

Mail Diploma(s) To:

NAME		
ADDRESS		
CITY	STATE	ZIP

Office Use Only

Diploma Hold: _____

Mailed ___ / ___ / ___ Picked Up ___ / ___ / ___ Milestones _____