

Duplicate Certificate/Degree Request Form

Use this form to request a second copy of a certificate and/or degree. If you only need a photocopy of a previously issued certificate and/or degree, then please contact Student Records Department at 510-231-5031.

Please submit form directly to Student Records department, or email form to records@kpsahs.edu, or mail form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804, or fax form to 510-231-5155.

Document Type and Quantity:	
<input type="checkbox"/> Certificate <small>(Please see Duplicate Certificate/Degree Request Payment Instructions page for payment amount)</small> Quantity: _____	<input type="checkbox"/> Degree <small>(Please see Duplicate Certificate/Degree Request Payment Instructions page for payment amount)</small> Quantity: _____

Student Information:		
Current Full Name		
Full Name at Time of Enrollment (If different than current name)		
Date of Birth	Student ID Number or Last 4 Digits of SSN	Phone Number
Street Address		
City	State	Zip Code
KPSAHS Program	Dates of Attendance <small>(Month/Year to Month/Year)</small>	
<input type="checkbox"/> If you need your certificate/degree to be ordered with your new legal name, please check this box and complete a Student Name Change Form (available from kpsahs.edu).		

Delivery Options:	
<input type="checkbox"/> In Office Pick-Up	<input type="checkbox"/> Mail

Recipient's Name and Address for Certificate/Degree Delivery:		
Recipient's Name <small>(Example: Name of College/University or Name of Employer. Students who wish to receive their copies should put their own name here.)</small>		
Street Address		
City	State	Zip Code

Signature (My signature certifies the accuracy of the information provided.)

Date

INTERNAL OFFICE USE ONLY:

Date Request Received

Received By

Date Payment Received & Amount Paid (if applicable)

Processed By

Duplicate Certificate/Degree Request Payment Instructions

*If you need your certificate/degree to be ordered with your new legal name, please complete a Student Name Change Form (available from kpsahs.edu).

Duplicate Certificate/Degree Processing: Will take approximately 2-3 weeks.

1. Submit a completed **Duplicate Certificate/Degree Request Form**.
2. Payment is accepted by credit card only. To pay, copy the hyperlink below into your web browser and follow payment instructions.

Duplicate Certificate/Degree Request - \$25.00

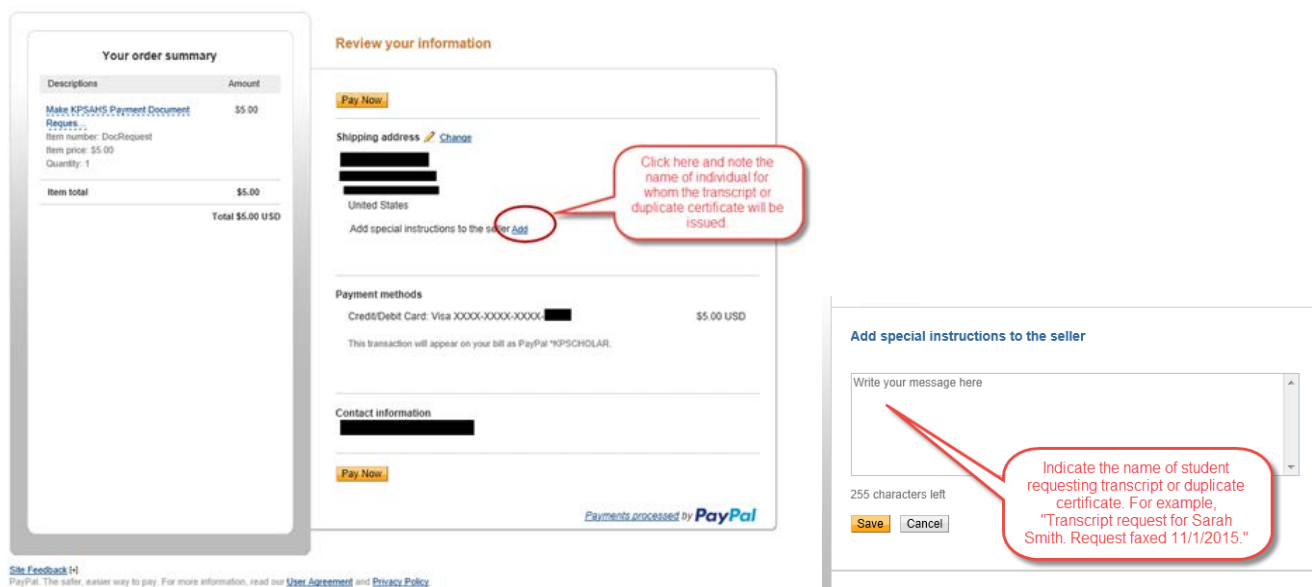
https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=PTEPLGSA7RJ9E

Document RUSH Fee - \$10.00

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=RDQXZDHKAJUN4

3. If an individual other than student is paying for the certificate/degree, payer should select "Add Special Instructions to the Seller" and note the name of the student under which the certificate/degree will be issued. Screen shots below illustrate this process.

The Permanente Medical Group, Inc.



Your order summary

Descriptions	Amount
Make KPSAHS Payment Document Request	\$5.00
Item number: DocRequest	Item price: \$5.00
Quantity: 1	
Item total	\$5.00
Total	\$5.00 USD

Review your information

Pay Now

Shipping address [Change](#)

United States

Add special instructions to the seller **Add**

Payment methods

Credit/Debit Card: Visa XXXX-XXXX-XXXX-XXXX \$5.00 USD

This transaction will appear on your bill as PayPal "KPSCHOLAR."

Contact information

Pay Now

Payments processed by **PayPal**

Add special instructions to the seller

Write your message here

255 characters left

Save **Cancel**

Indicate the name of student requesting transcript or duplicate certificate. For example, "Transcript request for Sarah Smith. Request faxed 11/1/2015."

INTERNAL OFFICE USE ONLY:

Date Request Received _____ Received By _____ Date Payment Received & Amount Paid (if applicable) _____ Processed By _____