



RE-ISSUED CERTIFICATE ORDER FORM

Send this completed form to:

Academic Records Office
Taft College
29 Emmons Park Drive
Taft CA 93268

Phone: (661) 763-7756
Fax: (661) 763-7705

PLEASE PRINT CLEARLY: (Name as you wish it to appear on your certificate)

First Middle Last

Social Security Number: _____ Date of Birth: _____

Year Graduated: _____ Degree: _____

Signature: _____

Mailing Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Prepared for web 9/3/09 (dh)

Note: Please allow three to four weeks for delivery.