REQUEST FOR REPLACEMENT DIPLOMA

Name				
First	Middle		ast	
(please prin	at name as it appeared on original	nal document)		
LC ID# or SS#	Email	Email		
Address				
City	State	Zip	Country	
Phone (home or mobile)	Pho	Phone (work)		
Date of Request	Year Gradu	Year Graduated		
Reason for Request				
Signature				
When requesting a replacement diploma, Registrar's Office at the time of the reque explanation must be provided for the reas	est. If the original has been lo	st or destroyed, a wri	tten	
Please enclose \$50 fee (check or money of	order) and/or the damaged doc	rument, and mail to:		
	Registrar's Office Lewis & Clark Law School 10015 SW Terwilliger Blvd. Portland, OR 97219			
Phone: 503-768-6614			wreg@lclark.edu	
	(Office use only)	(Office use only)		
Date received				
Received by	Document ordered			