



UNIVERSITY of WESTERN STATES  
*Integrating Health and Science*

**Replacement Diploma & Transcript Request Form**

Replacement Diplomas are processed along with the regular quarterly diploma orders for the university. Please be aware that it can take up to 3 months to obtain a replacement diploma. All WSCC replacement diplomas carry the following statement: *Reissue of original diploma, signed by current officers of the University of Western States. Diploma originally issued under the authority of Western States Chiropractic College.* Please indicate if agency deadlines apply to your request in the "date needed by" field below. Every attempt will be made to accommodate requests filed in a timely manner.

Transcripts take 2-3 business days to process.

**Required fields are \*asterisked:**

\*Full Name: \_\_\_\_\_  
First MI Last

\*Former Name(s) (if applicable): \_\_\_\_\_

\*Address: \_\_\_\_\_  
Address City State Zip

\*Phone Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\*Mail Transcript/Diploma to (transcripts cannot be faxed or e-mailed):**

Name/Company: _____	Name/Company: _____
Attn: _____	Attn: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____

*(if more than 2 addresses, please complete an additional form)*

**\*REQUEST FOR:**

- \_\_\_ Official Replacement Diploma (\$50.00 each)  BS  DC  EdD  MS  Certificate
- \_\_\_ File copy of Original Diploma (FREE)
- \_\_\_ Official Transcript (\$5.00 PER COPY - If more than one program, cost includes transcripts for all programs)  
 BS  DC  MS  Certificate  General Undergraduate classes  Other

**\*ENROLLMENT STATUS:**

Last Enrolled: \_\_\_\_\_ OR Graduation Date: \_\_\_\_\_  
Month / Year Month / Year

**SPECIAL INSTRUCTIONS:**

NEEDED BY: \_\_\_\_\_  
(date)

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Actual signature required, electronic not accepted

**\*I AM PAYING BY:**

Check  Money Order  Visa / MC Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mail this request to:  
 Registrar's Office/University of Western States/2900 NE 132nd Avenue, Portland, OR 97230  
 OR fax to 503-251-5731

Do not e-mail request as information could be compromised and stolen.