

**SANTA ANA COLLEGE  
GRADUATION OFFICE**

**REQUEST TO PICK UP DIPLOMA/CERTIFICATE**

STUDENT'S NAME (please print) \_\_\_\_\_

PERM # OR SS # \_\_\_\_\_

DATE OF GRADUATION (circle one)    MAY    AUGUST    DECEMBER    YEAR \_\_\_\_\_

NUMBER OF DIPLOMAS/CERTIFICATES \_\_\_\_\_

MAJOR(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Today's date

(      ) \_\_\_\_\_

Telephone number