



# Diploma Replacement Request

Fill out this form, including your signature, and forward it to the Registrar; Scan and email to OCITranscriptRequest@PioneerPacific.edu; fax it to 503.200.1140; or mail it to 1717 SW Madison Street, Portland, OR 97205.

Today's Date \_\_\_\_\_ Number of Diploma(s) Requesting \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Other Names Used While Attending OCI \_\_\_\_\_ Year Last Attended OCI \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Signature \_\_\_\_\_

Mail Transcript Immediately to Above Address

Mail to: \_\_\_\_\_

Name of Institution \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Hold Transcript for Pick-Up (Photo ID Required)

Payment of \$10 must accompany your request in order to be processed. You can pay by cash, check, or credit card. Please indicate your method of payment below.

- Cash: Cash payment can be made in person only.
- Check: Make check payable to Oregon Culinary Institute.  
Check No. \_\_\_\_\_
- Credit Card:  Visa  MC  AMEX  Discover

Card No. \_\_\_\_\_ CVC No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY:

Request Received By \_\_\_\_\_

Date Received \_\_\_\_\_ Date Issued/Mailed \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_