

Request for Duplicate Credential



Received:

Student No.: _____

Phone No.: _____

Date of Birth: _____

A duplicate Citation, Certificate, Diploma or Associate Degree will only be granted if the original has been lost, stolen or damaged.

The fee for a duplicate credential is \$25, which must be received at the time of request.

Name: _____

(Last Name)

(First Name(s))

Note: Please indicate the name as it appeared on your original credential.

Address: _____

City: _____ Postal Code: _____

Program: _____ Completion Date: _____

With this request, I declare that:

My original Citation, Certificate, Diploma or Associate Degree awarded to me upon my successful completion of the above program:

- has been lost/stolen
- has been damaged
- I never received the original

Student Signature: _____ Date: _____

Method of payment:

- cash/money order (enclosed)
- cheque (enclosed)
- Visa/Mastercard No.: _____ Expiry: _____

Please check: Pick up Mail (to the above address)