



DIPLOMA - CERTIFICATE - DEGREE DUPLICATE REQUEST FORM

Student Number:

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Choose one: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree
Name of Diploma/Certificate/Degree:
Year Graduated:

Full Name and Address (please print clearly – your name will appear on your parchment as printed below)

Name:		
Street:		
City:		
Province:	Postal Code:	Phone:
Previous Name:		

Number of copies required _____ (\$50.00 per copy)

- Please mail to the above address *(will be mailed in seven (7) days)*
- or fax to: _____ *(\$5.00 charge for faxing)*
- or will pick up at Registration Centre after 7 days

Payment information:

Amount Due: \$	Cashier's Stamp:
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX	
Card No.:	
Expiry Date:	
Name on Card:	

Dated: _____ **Student's Signature** _____

FOR OFFICE USE ONLY	
Date Issued:	Issued By:
Copies to: <input type="checkbox"/> Student <input type="checkbox"/> Records Dept <input type="checkbox"/> Accounting	