



## Certificate or Diploma Replacement Form

STUDENT NUMBER:							

**OR**

DATE OF BIRTH (YYYY/MM/DD)							

**PLEASE PRINT CLEARLY**

I, \_\_\_\_\_, request a copy of my College of the Rockies certificate/diploma.

**NAME OF PROGRAM OF STUDY:**

**SEND BY:** (Choose one and provide applicable details.)

<input type="checkbox"/> <b>PICK UP</b>	<input type="checkbox"/> <b>MAIL:</b> (please complete next section)
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**SEND TO:** (Please print name and mailing address.)

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>MAILING ADDRESS:</b>			
<b>STREET NUMBER OR BOX NUMBER:</b>	<b>CITY:</b>	<b>PROVINCE:</b>	<b>POSTAL CODE:</b>

**REASON FOR REPLACEMENT:** (Choose one and provide applicable details.)

<input type="checkbox"/> <b>LOST/MISPLACED</b>	<input type="checkbox"/> <b>DAMAGED</b>	<input type="checkbox"/> <b>OTHER (Specify):</b>
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**DECLARATION**

**Freedom of Information/Protection of Privacy**

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

**Please read the following before signing:**

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

<b>STUDENT'S SIGNATURE:</b>	<b>DATE:</b>	<b>STAFF INITIAL:</b>

**PLEASE NOTE: Before a copy of the certificate/diploma is prepared, a fee of \$25.00 must be paid.**