



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.)

☐ **PICK UP**

☐ **MAIL:** (please complete next section)

SEND TO: (Please print name and mailing address.)

LAST NAME:		FIRST NAME:	
MAILING ADDRESS:			
STREET NUMBER OR BOX NUMBER:	CITY:	PROVINCE:	POSTAL CODE:

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

☐ **LOST/MISPLACED** ☐ **DAMAGED** ☐ **OTHER (Specify):**

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.

STUDENT'S SIGNATURE:	DATE:	STAFF INITIAL:

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