Duplicate Certificate Request

There is a $5.00 certificate replacement fee payable in advance. Please include this fee with your request. This request cannot be processed without payment.

□ Please mail Duplicate Certificate
□ Will pick up Duplicate Certificate

_____
Name on Records: Last First Middle

BC ID/SS# _____ Date of Birth: _____

Date of Attendance: _____ Certificate: _____

Mailing Address: _____
Street City state Zip

Phone: _____ Student's Signature _____
Date

****

For Office Use Only: Amount Paid $_____ Received by: _____ Date: _____

Date typed: _____ Date picked up or mailed: _____

Rev. 08/25/2014