

## Records Office Credential Replacement Form

Student and Pr	rogram Information				
Current Name:			Studen	Student No. (if known):	
Name at Gradu	uation:			Date of Birth:	
	Email:			Telephone:	
Program Completed:			•	Graduated Year:	
Document Processing Information Please allow up to six weeks for processing					
Reason for Rep		t be returned	J	Other Please explain	
I Will Pick Up Available on campus. Must show valid identification (only individual noted above may pick up)					
21 26 11	BROCKVILLE	CORN	WALL	KINGSTON	
Please Mail	Consum d Mail		C	d	
Ground Mail Courier					
Address:					
City:		Prov	vince:	Postal Code:	
I hereby confirm that I (above noted person) do not have in my possession a copy of the requested document. I also confirm that I (person noted above) have submitted this request.  Payment Options Payment must be received prior to document being processed  Cash Credit Card: Visa MasterCard Other					
Please visit Student Services	Card Number:				
on any campus	Expiry Date:			Security Code:	
	Name on Card:			Today's Date:	
		Cardholder's Signature:			
Applicable Chai	<u> </u>			_	
\$40.00	Credential Replacement Ground Mail Please allow severa	l weeks	\$25.00 \$55.00		
	onStudentServices@sl.on.ca	<u>BrockvilleStu</u>	dentServices@sl.on	.ca CornwallStudentServices@sl.on.ca	
100 Ports	nce College - Records mouth Avenue ON K7L 5A6	any	dent Services on St. Lawrence lege campus	Fax 613-937-1513	
FOR OFFICE USE					
Payment Posted by:				Date:	
Replacement Processed by:				Date:	

**Freedom of Information** This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder for the purpose of requesting a replacement credential.