

## Request for replacement diploma

PERSONAL IDENTIF	ICATION	l							
Student ID number			Date of Birth (mm/d		d/yyyy)	Email			
Last name (Family name)		(Previous last name	<u>)</u>		First name (Give	n name)		Middle name	
Address			Home phone number						
City		Postal co	tal code Cell phone number						
PROGRAM INFORM	ATION								
Program name and length									
Year graduated	•	Campus a	ttended						
Once your records ha	ve been	verified, you wil	l be conta	cted r	egarding pay	ment infor	mation and	obtaining your crede	ntial.
plus the cost to repla The name on your ac Replacement creder Mailing fees: \$10.00 Allow 2 to 4 weeks p  FREEDOM OF INFORMATION (FIPPA), 1990, and endeavors to	ace your d cademic re stial fee: \$ CAD (with rocessing	iploma. ecord is what will 54.00 CAD in Ontario); \$15 ( time ECTION OF PRIVACY personal information in	appear on CAD (within  ACT: Georgia	n your on Cana an Colle with this	credential. If in ada, excluding ge is compliant wis law. The persona	Ontario); \$4 th the Freedom	ase contact to 5.00 CD (into of Information quested on this	and Protection of Privacy Act	rar. egal
authority of the Ontario Colleg used for any purposes other th							1(1) of FIPPA. T	he information provided will n	iot be
For further information about t Registrar@GeorgianCollege.ca or 705.728.1968 ext. 5770.								•	<u>je.ca</u>
Signature of applicant  Payment Options:						Date (mm/dd/yyyyy)			
<ul> <li>Pay at your BANK in number is your 9 digit</li> <li>on campus/in person</li> <li>online store</li> </ul>	student n		our bankir	ng app	lication (Bill p	ayment, Pay	ee: Georgia	n College Fees, accour	nt
FOR OFFICE USE O	NLY								
Application tracked		Program							

Submit from your Georgian College email to: TranscriptReq@GeorgianCollege.ca

**PWA** 

**Outstanding Fees** 

**Amount paid** 

Dated: July 10/23, V1

NO

YES

Georgian Scholar