



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.

**Vision:** Transforming the future through innovative learning.

**Values:** We value learner success, integrity, respect, community, excellence and innovation.

LEADING.  
LEARNING.  
SINCE 1913.

## REPLACEMENT DOCUMENT REQUEST

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under the Act. Information is collected for the purpose of replacement of a diploma/certificate/applied degree document. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

### Personal Information (please print)

Surname

First

Middle

Male  Female

Mailing Address

Town/City

Province

Postal Code

Phone Number

Email address

Previous Name \*\*

Date of Birth (yyyy/mm/dd)

Student ID

\*\* name change documents required

Program name or certificate requested

Date of attendance

I require a duplicate copy of my diploma/certificate/applied degree due to one of the following (check one):

- The original document issued to me was lost, stolen or destroyed.
- Change of name. Attach documentation.
- Original document was never received.

#### NOTES:

1. Document will be mailed to the permanent address provided above
2. Replacement cost of diploma/certificate/applied degree is \$100.00 per document. Payable in advance. Make cheque payable to Lakeland College.
3. Replacement document is normally issued within four to six weeks of receipt of request.
4. Replacement document may not be ordered by, or released to a third party, without written authorization by the student.

Signature

Date

METHOD OF PAYMENT:		OFFICE USE ONLY
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash/Cheque		Receipt #
Credit Card Number	Expiry Date	Date Request Received
Card Holder's Name		Date Sent

Return your completed form and payment to:

Lakeland College  
5707 College Drive  
Vermilion, AB T9X 1K5  
Fax: 780 853 8594