

NAME OF PROGRAM REQUESTED: \_\_\_\_\_

- New (\$35.00)  
 Replacement (\$20.00)

Year of Completion: \_\_\_\_\_

Major/Option (if applicable): \_\_\_\_\_

Student Name: \_\_\_\_\_  
*(Print name as you wish it to appear on your credential, but not exceeding 26 characters – spaces included.)*

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Date of Request: \_\_\_\_\_ email: \_\_\_\_\_

Please select your preference:  Mail out or  Pick up

**NOTE:**

1. This form should be submitted by students who have completed the final academic requirement for their credential.
2. You may pay by money order or cheque, payable to Algonquin College and mail to:  
 1385 Woodroffe Avenue  
 Room C150  
 Ottawa, ON K2G 1V8
3. Please allow four to six weeks for processing.

Credit Card payment information:

- VISA \_\_\_\_\_ Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 MasterCard  
 American Express

Cash payments are only accepted at the Registrar's Office, Room C150.

**To be completed by Registrar's Office**

Amount Paid:  \$35.00  \$20.00 Replacement  
 Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 POS: \_\_\_\_\_ GPA: \_\_\_\_\_ Date of Credential: \_\_\_\_\_  
 H/G  
 L. \_\_\_\_\_  
 D. \_\_\_\_\_  
 O. \_\_\_\_\_  
 M. \_\_\_\_\_  
 GL \_\_\_\_\_  
 L. \_\_\_\_\_