



# DUPLICATE DEGREE REQUEST FORM

Please return completed form to:  
Vanguard College 12140 103 Street Edmonton, AB T5G 2J9  
♦ Fax: 780-452-5803 ♦ Email: Info@vanguardcollege.com

•The following form must be completed and signed by the student in order for duplicate certificate/diploma/degree to be released.  
•Duplicate degrees will not be released if the student's financial account is not paid in full. Processing time is usually within one week of receipt.  
•The reprint date of the certificate/diploma/degree will be included on the reprint.

Student Name (First, Middle, Last):	Previous Last Name (if applicable):	Student ID# (if known):
-------------------------------------	-------------------------------------	-------------------------

Current Address:	City:	Province:	Country:	Postal Code:
------------------	-------	-----------	----------	--------------

Permanent Address (if different):	City:	Province:	Country:	Postal Code:
-----------------------------------	-------	-----------	----------	--------------

Email Address:	Phone Number(s):
----------------	------------------

Date of Birth (mm/dd/yyyy):	Program Name (list all completed):	Years Attended Vanguard: from to
-----------------------------	------------------------------------	-------------------------------------

Completed (Or Working on):  Undergraduate Degree  Graduate Certificate

Student Signature:	Date (mm/dd/yyyy):
--------------------	--------------------

Prepare duplicates:  Immediately AND/OR  After current semester marks are posted

OFFICIAL DUPLICATE CERTIFICATE/DIPLOMA/DEGREE ORDER (\$10 for each duplicate)

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Number of copies for Me \_\_\_\_\_  Mail to my current address  Mail to my permanent address  I will Pick Up (ID Required)

Number of copies to be mailed to Institution/Agency/Individual addresses below \_\_\_\_\_

1st Institution/Agency/Individual:	Attention:
------------------------------------	------------

Street Address:

City:	Province:	Country:	Postal Code:
-------	-----------	----------	--------------

2nd Institution/Agency/Individual:	Attention:
------------------------------------	------------

Street Address:

City:	Province:	Country:	Postal Code:
-------	-----------	----------	--------------

Special Instructions:

**DUPLICATE CERTIFICATE/DIPLOMA/DEGREE PAYMENT:**  Visa  Mastercard  Cash  Cheque  Secure Link\*

\* Secure Link: ([https://fs22.formsite.com/vanguardcollege/studentfinance/secure\\_index.html](https://fs22.formsite.com/vanguardcollege/studentfinance/secure_index.html))

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Total Duplicate Fee: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Completed By: \_\_\_\_\_  Faxed Date: \_\_\_\_\_  Mailed Date: \_\_\_\_\_