DUPLICATE DEGREE REQUEST FORM



Please email completed form to: info@vanguardcollege.com

Questions? Email us: info@vanguardcollege.com or call our office! 780-452-0808

•The following form must be comple	eted and signed by the	e student in order	for duplicate co	ertificate/diplor	ma/degree to be rel	eased.		
•Duplicate degrees will not be release	sed if the student's fin	nancial account is	not paid in full.	Allow up to 4 v	weeks for processin	g and delive	ery.	
•The reprint date of the certificate/	diploma/degree will l		-		,			
Student Name (First, Middle, Last):		Previous Last	Previous Last Name (if applicable):			Student ID# (if known):		
Current Address:	City		Drovinco		Country		Postal Code:	
Current Address:	City:		Province:		Country:		Postal Code:	
Permanent Address (if different):	City:	City:		Province:			Postal Code:	
Email Address:	•			Phone Numbe	er(s):			
Date of Birth (mm/dd/yyyy): Program Name (list all com			t all completed):		Years Attended Vanguard:			
					from to			
Completed (Or Working on): 🔲 Und	ergraduate Degree	Graduate Certific	cate					
Student Signature:				Date (mm/dd/yyyy):				
Prepare duplicates:	AND/OR 🗖 After	r current semester	marks are post	ed				
OFFICIAL DUPLICATE CERTIFICA	ATE/DIPLOMA/DEGRE	E ORDER - \$50 fee	e for each duplic	cate	Completed by)ate	
Number of copies for Me	Mail to my current a	ddress 🗖 Mail to	my permanent	address 🗖 I w	ill Pick Up (ID Requir	red)		
Number of copies to be mailed to Ins	titution/Agency/Indivi	dual addresses be	low					
Institution/Agency/Individual:			Attention:					
Street Address:								
ity: Province:		2:	Country:				al Code:	
Special Instructions:								
DUPLICATE CERTIFICATE/DIP	LOMA/DEGREE PA	YMENT: U Vis						
				· · · · · · · · · · · · · · · · · · ·	e-tranfer to payment		-	
	Expiry Date:							
Cardholder Signature:		FOR OFFI	T LICE COURT		Total Duplicate Fe	ee:		
			CE USE ONLY					
	Payment Date: Receipt Number:							
Completed By:	🖵 Faxed Date:		■ Mailed Date	2:				