



# 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. Allow up to 4 weeks for processing and delivery.  
•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):
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Current Address:	City:	Province:	Country:	Postal Code:
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Permanent Address (if different):	City:	Province:	Country:	Postal Code:
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Email Address:	Phone Number(s):
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Date of Birth (mm/dd/yyyy):	Program Name (list all completed):	Years Attended Vanguard: from to
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Completed (Or Working on):  Undergraduate Degree  Graduate Certificate

Student Signature:	Date (mm/dd/yyyy):
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Prepare duplicates:  Immediately AND/OR  After current semester marks are posted

OFFICIAL DUPLICATE CERTIFICATE/DIPLOMA/DEGREE ORDER - \$50 fee 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:
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Street Address:

City:	Province:	Country:	Postal Code:
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2nd Institution/Agency/Individual:	Attention:
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Street Address:

City:	Province:	Country:	Postal Code:
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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: \_\_\_\_\_