

IMPORTANT INFORMATION:

PLEASE READ AND ABIDE BY THE FOLLOWING:

Parchments are issued only in their original form. Copies are not available. Replacements for lost or damaged parchments will be issued by the Registrar upon receipt of a signed and dated letter with an explanation of what happened to the original parchment. If the replacement is for a damaged parchment, the original will be returned. From Policy F1001: www.langara.bc.ca/registration-and-records/pdf/F1001.pdf

NOTE:

Please write an explanation of what happened to the original parchment on the back side of this form, along with your signature. Replacement requests will not be processed without an explanation of what happened to the original.

SUBMIT COMPLETED FORM WITH CORRECT FEE

In person with cheque, Visa or Mastercard: Continuing Studies Office (Building A);
By mail with cheque: Continuing Studies, Langara College, 100 West 49th Avenue, Vancouver, BC, V5Y 2Z6;
Online at feportal.langara.ca (search for Credential Replacement Request - Continuing Studies form).

STUDENT INFORMATION - to be completed by the student

LANGARA IDENTIFICATION NUMBER

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LEGAL LAST OR FAMILY NAME	LEGAL FORMER LAST OR FAMILY NAME (IF APPLICABLE)
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LEGAL FIRST OR GIVEN NAME(S)	PREFERRED FIRST NAME(S) (OPTIONAL)	LEGAL MIDDLE NAME(S) (OPTIONAL)
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STREET ADDRESS	PRIMARY TELEPHONE	OTHER TELEPHONE
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CITY	PROVINCE	COUNTRY	POSTAL CODE
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EMAIL ADDRESS	DATE OF BIRTH
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NAME OF CREDENTIAL AWARDED	YEAR OF GRADUATION	<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">DAY</th> <th style="width: 33%;">MO</th> <th style="width: 33%;">YR</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	DAY	MO	YR			
DAY	MO	YR						

DELIVERY OPTIONS

SELECT ONE OF THE FOLLOWING OPTIONS:

PICK UP AT CONTINUING STUDIES OFFICE

MAIL TO ABOVE ADDRESS

MAIL TO FOLLOWING ADDRESS:

NAME OF RECIPIENT: _____

FULL ADDRESS: _____

PROCESSING FEES

Fees in Canadian dollars and are NON-REFUNDABLE

\$38.00 CONTINUING STUDIES (4-6 WEEKS PROCESSING)

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OFFICE USE ONLY RECEIVED/PAID STAMP

Processed by: _____ Date: _____

