

(PLEASE PRINT)

Last Name (while at Michener) _____ First Name _____

Mailing Address _____

Michener ID Number _____ Phone# _____

E-mail _____ Date of Birth: ____ / ____ / ____ mm/dd/year)

I, _____, residing at _____

In the City of _____, Province of _____, do

solemnly declare THAT I was awarded the diploma OR certificate of _____,

by The Michener Institute of Education at UHN (or as previously known Michener Institute for Applied Health Sciences or

Toronto Institute of Medical Technology) in the year _____.

THAT the original diploma/certificate issued to me by **The Michener Institute of Education at UHN**

- has been defaced (I will return the original) *
- has been lost / destroyed
- was never picked-up
- needs to be replaced due to a name change (I will return the original) *

I have completed & attached the corresponding [Request for Service Form](#) indicating payment and mailing preference

Section to be completed by a Notary Public

Declared before me in the city of

In the province of _____

On the _____ day of _____, 20____

Signature of **NOTARY PUBLIC**

Affix seal here

For Office use ONLY

*

- Diploma and/or certificate has been returned

Employee signature