



Date Received
Office Use Only

Credential Replacement Form

Registrar's Office
222 St. Patrick Street Toronto, ON M5T 1V4
regoffice@michener.ca | 1 (416) 596-3117 or 1 (800) 387-9066

All information on this form must be correct and complete. Payment must accompany this request.
Credential replacements may take up to four (4) weeks for processing.

| PERSONAL INFORMATION | | | |
|---|--|--------------------------------|----------------------|
| LAST NAME (while attending Michener) | FIRST NAME | | |
| STUDENT ID # | DATE OF BIRTH (mm/dd/yyyy) ____/____/____ | | |
| PROGRAM NAME AND YEAR OF GRADUATION | | CREDENTIAL EARNED | |
| PROGRAM _____ YEAR _____ | <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Continuing Education Certificate | | |
| CONTACT INFORMATION | | | |
| <input type="checkbox"/> Tick this box if you would like to update the address on file with the address below. | | | |
| ADDRESS | CITY OR TOWN | PROV. | |
| POSTAL CODE | TELEPHONE (____) _____ - ____ - ____ | EMAIL ADDRESS | |
| PICK-UP <input type="checkbox"/> Self ID Required | MAIL-OUT <input type="checkbox"/> Canada (10.00) <input type="checkbox"/> U.S (25.00) <input type="checkbox"/> International (50.00) | | |
| <ul style="list-style-type: none"> Personal cheques and debit-credit are not accepted All certified cheques/money orders payable to: The Michener Institute of Education at UHN | MAILING ADDRESS (if different from contact information above) | | |
| | STREET | CITY/TOWN | |
| | PROVINCE | POSTAL CODE | |
| PAYMENT METHOD | | | |
| Advanced Diploma/Graduate Certificate | \$50.00 per copy | Number of Copies: _____ | |
| Continuing Education Certificate | \$25.00 per copy | Number of Copies: _____ | |
| <input type="checkbox"/> Cash (in person only) | Card #: _____ | Expiry Date: _____ | |
| <input type="checkbox"/> Credit Card (Visa, MC, AMEX) | <small>Enter Numbers Only – No Spaces</small> | | <small>MM/YY</small> |
| <input type="checkbox"/> Money Order (or Certified Cheque) | Name: _____ | Signature: _____ | |
| <input type="checkbox"/> Debit (in person only) | <small>PRINT CLEARLY</small> | | |

AUTHORIZATION AND DECLARATION

I certify that the information contained herein is true, correct, and complete. The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

| | |
|--|-------------------|
| Student/Graduate Signature: _____ | Date _____ |
|--|-------------------|

OFFICE USE ONLY:

| | |
|---|-------------------|
| Processed By: _____ <small style="text-align: center;">Registrar's Office</small> | Date _____ |
|---|-------------------|