



Date Received  
Office Use Only

# Credential Request Form

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

**Credentials must be requested by the student within one year of Graduation.**

**PERSONAL INFORMATION** [ ] Tick this box if you would like to update the address on file with the address below.

SURNAME OF GRADUATE		PREVIOUS NAMES (while attending Michener)		
FIRST NAME		MIDDLE NAME		
STUDENT ID #		PROGRAM NAME		GRADUATION YEAR
ADDRESS		CITY OR TOWN	PROV.	COUNTRY
POSTAL CODE	TELEPHONE ( ) - -	EMAIL ADDRESS		

<p><b>PICK UP OR MAILING INSTRUCTIONS:</b></p> <p style="text-align: center;"><b>Signature required upon receipt of Credential Photo ID required</b></p>	<p><b>2020 Credentials Available after June 15, 2020.</b></p> <p>If someone else is picking up a credential on your behalf, please write their name here (they will be required to show ID).</p> <p>Name: _____</p>
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<p><b>Mailing Charges – Please allow 4 to 6 weeks after graduation for Shipping.</b></p>	<p>[ ] Canada (10.00)    [ ] U.S (25.00)    [ ] International (50.00)</p>
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**PAYMENT METHOD**

<input type="checkbox"/> Cash (in person only)	<input type="checkbox"/> Debit Card (in person only)	<input type="checkbox"/> Money Order	<input type="checkbox"/> Certified Cheque (personal cheques are not accepted)								
<p><b>Credit Card</b></p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> AMEX    <input type="checkbox"/> MasterCard</p>											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>						<p>EXPIRY DATE</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
_____		_____									
Cardholder Signature		Cardholder Name (Please Print)									
		Date									

**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: _____	Date: _____
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