

Date Received Office Use Only

Credential Request Form

Registrar's Office 222 St. Patrick Street Toronto, ON M5T 1V4

<u>regoffice@michener.ca</u> | 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	x if you would like to update the addre	ess 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			
PICK UP OR MAILING INSTRUCTIONS:		2023 Credentials Available after June 17, 2023.			
		If someone else is picking up a cred their name here (they will be required)			
Signature required upon receipt of Credential Photo ID required		Name:			
Mailing Charges – Please allow 4 to 6 weeks after graduation for Shipping.		Canada (10.00) U.S (25.00) International (50.00)			
PAYMENT METHOD					
Cash (in person only)	Debit Card (in person only)	Money Order C	Certified Cheque (personal cheques are not accepted)		
Credit Card					
Visa Mastercard AMEX			EXPIRY DATE		
Cardholder Signat	ure Ca	ardholder Name (Please Print)	Da	ate	
Institute of Education at UHN 1990, c. F.31. Student informa	ontained herein is true, correct, and com and will be protected and used in compli	uplete. The information on this form is collecte ance with the Ontario Freedom of Informatio lucation at UHN may be used for administration ario and the Government of Canada.	n and Protection	of Privacy Act, R.S.O.	
	Student/Graduate Signature	2		Date	
OFFICE USE ONLY:			_1		
Processed by:			Date:		