



# CREDENTIAL REPLACEMENT REQUEST

**Office of the Registrar**

2300 Ryan Road  
 Courtenay BC V9N 8N6  
 T: 1.800.715.0914 E: forms@nic.bc.ca

Student's FULL name and address (print clearly)		This is my current mailing address		Yes	No	NIC STUDENT NUMBER	
NAME				FORMER NAME (If Applicable)			
ADDRESS				BIRTH DATE (mmm-dd-yyyy)			
CITY	PROVINCE	COUNTRY		POSTAL CODE			
PHONE NUMBER	E-MAIL ADDRESS						

**Please read carefully:** This form must be signed by the requesting student or it will not be processed. Credential Replacement Request forms must be completed in full. Payments for each request must be made before a replacement document will be issued. A document for pick up will only be released upon presentation of appropriate photo identification. **Note:** A replacement document will not be released if the requesting student has any outstanding fees or fines payable to North Island College.

**CREDENTIAL REPLACEMENT REQUEST** (specify program or First Aid course name)

Certificate \_\_\_\_\_  Degree \_\_\_\_\_

Diploma \_\_\_\_\_  First Aid \_\_\_\_\_

I will pick up the replacement document at Campus: \_\_\_\_\_ Photo ID required  
Specify Campus/Centre

I authorize \_\_\_\_\_ to pick up my replacement document Photo ID required  
Specify Designate

Mail my replacement document to me at the above address

**FEES** The Replacement document will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed in requests must be accompanied by cheque or money order. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form. If faxing in your request, an NIC representative will contact you directly for this information and your payment will be processed directly into a secured website.

Replacement Document - \$25.00 + GST

The information on this form is collected under the authority of the College and Institute Act, and will be used to process this request. Inquiries about the collection or correction of personal information should be addressed to the Registrar.

I hereby authorize North Island College to release my student records to the addressee on this form.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date (mmm-dd-yyyy)

**FOR SRO USE ONLY**

**FOR CAMPUS/CENTRE USE ONLY**

Receipt No. \_\_\_\_\_

RA Signature: \_\_\_\_\_

Sent to First Aid: \_\_\_\_\_