



**Mission:** To inspire lifelong learning and leadership through experience, excellence, and innovation.

**Vision:** Transforming the future through innovative learning.

**Values:** We value learner success, integrity, respect, community, excellence and innovation.

## REPLACEMENT DOCUMENT REQUEST

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under the Act. Information is collected for the purpose of replacement of a diploma/certificate/applied degree document. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

Last Name	First Name	Middle Name	LC Student ID# (if known)
Former Name (if applicable)	Cell Phone #	Other Phone #	D.O.B. YYYY-MM-DD
Address			City
Province	Postal Code	Email	
Name of Program or Document required		Campus Attended	Years of Attendance YYYY-YYYY

I require a duplicate copy of my diploma/certificate/applied degree due to one of the following (check one):

- The original document issued was lost, stolen or destroyed.
- Change of name. Attach documentation.
- Original document was never received.

**NOTES:**

1. Document will be mailed to the permanent address provided above
2. Replacement cost of diploma/certificate/applied degree is \$100.00 per document. Payable in advance. Make cheque payable to Lakeland College.
3. Replacement document is normally issued within four to six weeks of receipt of request.
4. Replacement document may not be ordered by, or released to a third party, without written authorization by the student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

METHOD OF PAYMENT:	OFFICE USE ONLY
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash/Cheque	Receipt #:
Credit Card Number:	Expiry Date:
Card Holder's Name:	Date Request Received:
Card Holder's Email or Phone #:	Date Sent:

**Return your completed form and payment to:**

**Lakeland College**  
 5707 College Drive  
 Vermilion, AB T9X 1K5  
 Fax: 780 853 8594  
 Email: [records@lakelandcollege.ca](mailto:records@lakelandcollege.ca)