

## Replacement Credential



- The fee for each replacement degree, diploma or certificate is \$62.15.
- Courier Charges: \$10.00 for Ontario, \$30.00 for all other provinces, \$40.00 for international destinations.
- Once your application is received and reviewed, you will be provided with instructions for payment. Payment must be made before the request is processed.
- Allow at least three weeks for processing.

Seneca ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_ Entrance Code (for apartment) \_\_\_\_\_ City/Town \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Preferred Telephone Number ( ) \_\_\_\_\_



**Please courier my replacement credential to the address provided above.**

Last Name (while attending Seneca College) \_\_\_\_\_ Address (while attending Seneca College) \_\_\_\_\_

Program Name \_\_\_\_\_ Campus \_\_\_\_\_ Month & Year of Graduation \_\_\_\_\_ Full-Time  
Part-Time

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.764.0400 or email [privacyoffice@senecapolytechnic.ca](mailto:privacyoffice@senecapolytechnic.ca).

**By checking the following boxes;**



**I have read the above statement and hereby authorize the release of information as stated.**



**I am the student stated on this form and the information provided is accurate and true.**

Date: \_\_\_\_\_

### For Office Use Only:



Payment Processed

Payment Amount: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_