

APPLICATION FOR CREDENTIAL REPRINT

Please submit this form to the Office of the Registrar (Kelowna), the Administration Office at any campus or mail or fax to:

Office of the Registrar, 1000 KLO Road, Kelowna, BC V1Y 4X8 Telephone: (250) 762-5445 Fax: (250) 862-5466

PERSONAL INFOR	RMATION Please <u>pr</u>	int clearly and include y	our full legal name a	s it appears on your	primary identification.
OC Student Number:	Former OUC Student: No Yes:				
Birthdate:					
Full Legal Name <u>at time</u> of credential	DD MM YYYY				
	Surname	Firs	t Name	Middle Nam	e(s)
	Maiden/Former Name				
Mailing Address:	Street				
	City		Province/State		Postal Code
Primary Phone #:	()				
Email Address:					
☐ Degree Option / Emphasis / Spe	☐ Diploma ecialty (if applicable):	☐ Certificate Prog			
Program Start Date:		Date of Comple	tion:////////	(If known)	
DELIVERY AND PA Please contact graduation The fee for parchment report the following options:	on@okanagan.bc.ca if	you have questions at			form and payment using
Fax: (250) 862-5466 – co Mail: cheque or money		ow for credit card paym	ent information)		
In Person: cash, chec		edit card			
Credit Card Number:				Expiry Date:/	
CVV (3 digits on back of ca	ırd: (Visa)	(MasterCard)	elivery Method	טט	IVIIVI YYYY
CVV American Express (4	digits on front of card):		Mail to the addres	ss above	
Signature:			Pick up: Kelow	vna Penticton	Salmon Arm Vernon