



## Certificate Replacement Request Form

Student Name: \_\_\_\_\_

Contact phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Title: \_\_\_\_\_

Location of Classroom \_\_\_\_\_ Date of Course Completion: \_\_\_\_\_

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There is a \$25.00 fee for replacement of lost or destroyed course certificates.

Type of payment:  Visa # \_\_\_\_\_ exp date \_\_\_\_\_ CVV# \_\_\_\_\_

Master Card # \_\_\_\_\_ exp date \_\_\_\_\_ CVV# \_\_\_\_\_

Discover Card # \_\_\_\_\_ exp date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_ Check made out to KEENE STATE COLLEGE

fax request to: 603-645-0080 email to: [lsingleton@keene.edu](mailto:lsingleton@keene.edu)

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