



Certificate Replacement Request Form

Student Name: _____

Contact phone # _____ Email: _____

Mailing Address: _____

Course Title: _____

Location of Classroom _____ Date of Course Completion: _____

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: OSHAed@keene.edu

175 Ammon Drive Manchester, NH 03103