

Certificate Replacement Form

Student's name: _____

ID#: _____ Contact phone # _____

Mailing Address: _____

Indicate Type of Course: _____

Date of Course: ____/____/____

There is a \$25 fee for replacement of OSHA Education Center Course Certificates.

Type of payment: ____ Visa # _____ exp date ____ CVV# ____

____ Master Card # _____ exp date ____ CVV# ____

Name on credit card: _____ Signature: _____

____ Check made out to Keene State College

fax request to: 603-645-0080

email to: ksperry@keene.edu

Manchester, NH 03103