

DUPLICATE CERTIFICATE REQUEST FORM

MOHAWK VALLEY COMMUNITY COLLEGE
 The Center for Corporate & Community Education
 1101 Sherman Drive, Utica, NY 13501
 OFFICE (315)792-5300
 FAX (315)792-5682

NAME	PREVIOUS NAME
STUDENT ID# OR (Social Security Number)	BIRTHDATE
CURRENT ADDRESS	Date & Name of Certificate Requested for (if known)
CITY/STATE/ZIP	PHONE
VISA/MASTERCARD/DISCOVER/CHECK#	EXP. DATE VRN Number (3 digit code on back of card) MM/YY
List Visa, MasterCard, Discover number, expiration date and VRN Number (last three digits on back of your credit card number) only if paying with a credit card.	
NUMBER OF DUPLICATE CERTIFICATE(S) _____.	

SELECT ONE OF THE FOLLOWING OPTIONS:

(1) I WILL PICK UP THE DUPLICATE CERTIFICATE(S) \$5.00 fee per certificate.
 Photo ID will be required at the time of pick up. Certificate will only be held for 15 days. Any certificate not picked up after 15 days will be destroyed and you must re-order and pay the additional certificate fee.

(2) MAIL DUPLICATE CERTIFICATE IMMEDIATELY TO THE ADDRESS SPECIFIED.
Please print clearly. \$5.00 fee per certificate.

Name		
Street address		
City & State	Zip Code	County

(3) FAX CERTIFICATE TO: (\$10.00 fee per certificate):

Name/Organization	
FAX Number (include area code)	
Authorization Signature Required: I authorize release of my certificate as directed on this MVCC Duplicate Certificate Request Form.	
Date:	Signature:
Office Use Only:	Processed by:
Amount charged:	Date Processed:

Mail the completed form to:
 Mohawk Valley Community College or FAX to: (315)792-5682
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