



Registrar's Office Attn: Records
516 High Street, OM 230
Bellingham, WA 98225-9008
Phone 360-650-3432

CERTIFICATE OF ACHIEVEMENT REPLACEMENT FORM

Note: Certificates previous to December 2015 are not replaced.
 Do not use this form for teacher certifications. Contact Woodring College of Education.

Payment options (cost: \$30):

- Paying Online:** Fill in this form, print and sign. Scan the form and email to RORrecords@wwu.edu. We will send payment information after receiving this form.
- Check/Money Order:** Fill in this form, print and sign. Attach a check or money order and mail to address listed on this form. (Do not send cash)

1. YOUR INFORMATION

Last Name		First Name		MI	Former Names	
Student Number W			Birth Date		Today's Date	
Current Address			City		State	Zip
Phone		Certificate Type/Year Awarded				

To help indicate the need for notarization, please answer the following

Are you using the certificate for the apostille process? Yes No

Are you using the certificate for a visa application? Yes No

If yes to either questions, please list country: _____

2. PLEASE INDICATE BELOW HOW YOU WOULD LIKE TO RECEIVE YOUR CERTIFICATE.

I would like my certificate mailed to:

Name		Email		Phone	
Address		City		State	Zip

I will pick up my certificate in person at the Registrar's Office. (We will notify you when it is ready.)

3. PLEASE WRITE YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE:

Optional: Due to the danger of identity theft, those wishing to change their first, middle or last name on their certificate must provide clear copies of A AND one of B:

A	B
Photo ID eg. Driver's License (not WWU ID Card)	Social Security Card
	Court Ordered Documents (Marriage certificates are not acceptable because they don't show both names)

Please note: Your name change will not affect your official academic records unless you check this box.

4. STUDENT SIGNATURE IS REQUIRED IN INK (Electronic signatures are not accepted)

Request will not be process without signature and payment.

Number of replacements: **X \$30** **Payment Amount:**

OFFICIAL USE ONLY Certificate Type: _____

Date Awarded: _____

Billed Date: _____

Emailed Date: _____

Sent Date: _____