Bellevue College Student Central, B125
3000 Landerholm Circle SE, Bellevue, WA 98007
Email: evaluations@bellevuecollege.edu

Certificate of Completion Replacement Request Form
(For program less than 20 credits)

INSTRUCTIONS:

1. **Complete and submit this form to Student Central (one form for each certificate).**
2. **Pay the replacement fee ($3.00 per copy) at Cashier's Office.**

Print your name as it will appear on the certificate (must use the same name currently in the Student Records, you can only specify any symbol or your full middle name) - Please PRINT LEGIBLY

Name: _____ Student ID: _____
First Middle Last

BC Email: _____@bellevuecollege.edu Phone #:_____

Name of the Certificate to be reprinted: _____

Year/Quarter Graduated: _____(year) _____ (quarter)

Number of copy: _____ ($3.00 per copy)

Please select one of the following delivery methods:

1) _____ PICK UP 2) _____Postal Mail (please provide mailing address below)

_____
Street City State Zip

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Records Verification:

- Did the student earn the certificate? Yes ☐ No ☐
- The certificate name in records: _____
- Program Code: _____
- Year / Quarter: _____

Verified and reprinted by: _____ Date: _____

Date certificate mailed / picked up:_____