

**Office of the Registrar**  
 2300 Ryan Road  
 Courtenay BC V9N 8N6  
 T: 250.334.5000 F: 250.334.5018

Student's FULL name and address (print clearly)      This is my current mailing address <input type="checkbox"/> Yes <input type="checkbox"/> No			NIC STUDENT NUMBER	
NAME			FORMER NAME (if Applicable)	
ADDRESS			BIRTH DATE (YYYY/MM/DD)	
CITY	PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER		E-MAIL ADDRESS		

**Please read carefully: This form must be signed by the requesting student or it will not be processed.** Duplicate document request forms must be completed in full. Payments for each request must be made before a duplicate document will be issued. Documents for pick up will only be released upon presentation of appropriate photo identification. **Note:** Duplicate documents will not be released if the requesting student has any outstanding fees or fines payable to North Island College.

**DUPLICATE DOCUMENT REQUEST** (specify program or First Aid course name)

Certificate \_\_\_\_\_  Degree \_\_\_\_\_

Diploma \_\_\_\_\_  First Aid \_\_\_\_\_

I will pick up duplicate document(s) at Campus: \_\_\_\_\_ Photo ID required  
Specify Campus/Centre

I authorize \_\_\_\_\_ to pick up my duplicate document(s) Photo ID required  
Specify Designate

Mail my duplicate document(s) to me at the above address

**FEES** The Duplicate document will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed in requests must be accompanied by cheque or money order. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form. If faxing in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website.

Duplicate Document - \$10.00 + hst/ per copy

Total No. of Copies \_\_\_\_\_ @ \$10.00 + hst \_\_\_\_\_ plus rush fee\* (if applicable) \_\_\_\_\_ = Total Cost: \_\_\_\_\_

Rush\* (1-Day Processing does not include delivery time) Additional \$10.00 + hst

The information on this form is collected under the authority of the College and Institute Act, and will be used to process this request. Inquiries about the collection or correction of personal information should be addressed to the Registrar.

I hereby authorize North Island College to release my student records to the addressee on this form.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**FOR SRO USE ONLY**

**FOR CAMPUS/CENTRE USE ONLY**

Receipt No. \_\_\_\_\_

RA Signature: \_\_\_\_\_

Sent to First Aid: \_\_\_\_\_