



3028 Lindbergh Ave
Bellingham, WA 98225

REPLACEMENT REQUEST FOR DIPLOMA

or FUNDAMENTALS OF CAREGIVING CERTIFICATE

Processed by Registration Department
360.752.8350 | registration@btc.edu

ALLOW 4-8 WEEKS FOR PROCESSING

BTC Official Transcripts: www.parchment.com

GED Transcripts: www.ged.com

Nursing Assistant and Medical Assistant Certificates are posted on Transcripts.

Please check request below.

DIPLOMA REPLACEMENT—\$10.00 per copy

If you are requesting replacement for more than one degree or certificate awarded, list each program below:

Program(s): _____

Quarter & Year Degree/Certificate Awarded: _____

Dates of Attendance: _____

FUNDAMENTALS OF CAREGIVING CERTIFICATE REPLACEMENT (COPY) - \$10.00 per copy

Fundamentals of Caregiving Certificate copies are on file at BTC 1995 through 2012. Classes taken after that time, contact the Program Office Coordinator at 360.752.8447.

Quarter & Year you received your Fundamentals of Caregiving Certificate:

Complete the information below and submit this form with your payment to the Cashier. Your Diploma or Certificate will be reissued according to the records found and will be sent directly to the address you provide on this form. You will be contacted if further information is needed to continue our search. **This form must be completely filled out to be processed.**

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state and federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, tax credits, academic transcripts, assessment or accountability research.

TODAY'S DATE _____

BIRTH DATE (mm/dd/yyyy) _____

ctcLink ID or SSN _____

PHONE NUMBER _____

NAME (last, first, middle initial) _____

PREVIOUS NAME _____

EMAIL ADDRESS _____

ADDRESS (street, city, state, zip code) _____

STUDENT'S SIGNATURE (REQUIRED)

DATE

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED IN OFFICE: _____

PROGRAM: _____

DATE MAILED: _____

AMOUNT: \$ _____

DATE PICKED UP: _____

CASHIER'S INITIALS: _____