



REPLACEMENT REQUEST FOR

NURSING ASSISTANT CERTIFICATE FIRST AID/CPR CARD FORKLIFT CARD

3028 Lindbergh Avenue
Bellingham, WA 98225

ALLOW 4-8 WEEKS FOR PROCESSING

BTC Official Transcripts: go to www.getmytranscript.com
Nursing Assistant Certificates are posted on Transcripts.

GED Transcripts: go to www.ged.com

- | | |
|---|---|
| <input type="checkbox"/> NURSING ASSISTANT CERTIFICATE REPLACEMENT—\$5.00 per copy
Processed by Instructional Tech Nursing Program—360.752.8449 | Quarter/Year NA Cert Awarded:
_____ |
| <input type="checkbox"/> FIRST AID/CPR CARD REPLACEMENT—\$22.00 per copy
Processed by Program Office Coordinator—360.752.8447 | Quarter/Year you received your First Aid/CPR Card:
_____ |
| <input type="checkbox"/> FORKLIFT CARD REPLACEMENT—\$30.00
Processed by Program Office Coordinator—360.752.8447 | Quarter/Year you received your Forklift Cert:
_____ |

FLAGGER CARD: Contact Evergreen Safety Council at www.esc.org—425.814.3868 or 800.521.0778

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 _____

STUDENT ID or SS NUMBER _____

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

PROGRAM: _____

DATE REQUEST RECEIVED IN OFFICE: _____

AMOUNT: \$ _____

DATE MAILED: _____

CASHIER'S INITIALS: _____

DATE PICKED UP: _____