



3028 Lindbergh Ave  
Bellingham, WA 98225

# REPLACEMENT REQUEST FOR DIPLOMA

or FUNDAMENTALS OF CAREGIVING CERTIFICATE

Processed by Registration Department  
Questions 360.752.8348

**ALLOW 4-8 WEEKS FOR PROCESSING**

BTC Official Transcripts: go to [www.getmytranscript.com](http://www.getmytranscript.com) GED Transcripts: go to [www.ged.com](http://www.ged.com)  
Nursing Assistant and Medical Assistant Certificates are posted on Transcripts.

Please check request below.

**DIPLOMA REPLACEMENT—\$5.00 per copy**

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

Program(s): \_\_\_\_\_

\_\_\_\_\_

Qtr/Yr Degree/Certificate Awarded: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**FUNDAMENTALS OF CAREGIVING CERTIFICATE REPLACEMENT (COPY) - \$5.00 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 \_\_\_\_\_

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**

DATE REQUEST RECEIVED IN OFFICE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

REFUND: \$ \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_

CASHIER'S INITIALS: \_\_\_\_\_