



DOCUMENT REQUEST

Student Records

SW1—1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2
T 604.432.8353 F 604.431.0817 E records@bcit.ca

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

PLEASE NOTE:

- International students must request Verification of Enrolment letters through the International Student Centre. Visit bcit.ca/international/services/forms for the request form.
- If you attended BCIT in 1993 or prior, please contact Student Records before completing this form.
- Verification of Enrolment letters provide proof of enrolment only. For information regarding tuition, books, etc., visit bcit.ca.

Fields marked with an asterisk (*) are **mandatory**.

PERSONAL INFORMATION

Your BCIT ID Number*	Legal First Name (given name)*	Legal Last Name (family name)*	Birth Date (DD-MMM-YYYY)*
A0			

CONTACT INFORMATION

Please provide at least one phone number.*

Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Email Address*		

PROGRAM INFORMATION

Program Name (if applicable)	Attendance*	Graduated
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Start Date (DD-MMM-YYYY)*	Attendance End Date (DD-MMM-YYYY)*	

DOCUMENT REQUESTED* — Unless otherwise indicated, please allow **5 business days** for processing.

Verification of Enrolment Letter: <input type="checkbox"/> Standard letter: no charge <input type="checkbox"/> Customized letter: \$11.00 (please specify instructions below) <input type="checkbox"/> Rush 24 hour processing: \$26.00	<input type="checkbox"/> Replacement Credential: \$77.00 (2–4 week processing time) Complete the affidavit on the second page of this form.
	<input type="checkbox"/> Duplicate Log Book: \$26.00 A passport photo is required.
	<input type="checkbox"/> Duplicate Tax Receipt (T2202A). Indicate tax year: _____ 2002 and prior only. Receipts 2003 onwards are available through myBCIT.

DELIVERY REQUESTED*

ADDITIONAL INSTRUCTIONS

<input type="checkbox"/> Pick up at Burnaby Campus SW1-1st Floor. <input type="checkbox"/> Mail via Canada Post (allow 5 business days). <input type="checkbox"/> Fax document. Please indicate fax number. <input type="checkbox"/> Student to arrange courier pick-up (NE9, room 160).	Please specify any additional instructions.
---	---

PAYMENT INFORMATION — Please do not email your credit card information. We accept payment through our secure fax, over the phone or in-person.

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Card Number	Expiry (MM-YY)
Cardholder Name	Mailing Address (if different from above)	

STUDENT AUTHORIZATION

Signature*	Date (DD-MMM-YYYY)*
------------	---------------------



REQUEST FOR REPLACEMENT CREDENTIAL

Student Records

SW1—1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2
T 604.432.8353 F 604.431.0817 E records@bcit.ca

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

Replacement diplomas, certificates and degrees are only granted in the case of the original being lost or damaged and in the case of a legal name change. If your credential has been damaged or you have had a change of name, we require that you return the original credential before a replacement can be created for you. If your credential has been lost, complete the below affidavit and provide a written letter explaining the loss.

The fee for a replacing a lost or damaged credentials is \$77.00. Replacing a credential due to a legal name change is free of charge. Any fees must be prepaid. We accept cheques, money orders, Visa, MasterCard and American Express.

AFFIDAVIT

Name _____

BCIT ID number _____

Name of program _____

Year of issuance _____

DECLARATION

I, _____ of _____
Name Street Address

do solemnly declare that:

1. I do not know the whereabouts of the credential awarded to me upon my successful completion of said course/program and believe the credential to be lost;
2. I have made a diligent search for the said credential and I have been unable to locate it; OR
3. I have not received the original credential.

Signature

WITNESS

Name

Address

Date

Witness Signature