

Student Information

This form is intended for Spring 2020 graduates who are requesting certified copies of their diploma. Certified copies will be mailed along with the original diploma. As such, it is imperative to submit this form prior to providing a Diploma Mailing Address.

PLEASE PRINT CLEARLY

Family Name _____ **Concordia ID Number** _____

First Name _____ **Date of Birth** _____
DAY / MONTH / YEAR

Address _____ **Telephone** _____
STREET ADDRESS APT. AREA CODE / COUNTRY CODE

CITY PROVINCE

COUNTRY ZIP / POSTAL CODE

E-mail _____

I would like _____ certified copy(ies) of my diploma. The fee is \$10 CDN per copy.

To have your certified copy sent to an alternate address, please also complete the below information:

- \$31 CDN — Express Post to CDN & US addresses (typically 3-5 business days) / Registered mail to international addresses (typically 3 to 12 weeks).
- \$60 CDN — Courier to international addresses (typically 4-6 business days). This option is not available for destinations in Canada and the United States.

PLEASE _____
NAME OF INDIVIDUAL AND/OR DEPARTMENT

PRINT _____
INSTITUTION OR COMPANY

CLEARLY _____
STREET ADDRESS

CITY PROVINCE / STATE

COUNTRY POSTAL CODE

Student's Signature _____ **Date** _____

OFFICE USE ONLY	<input type="checkbox"/> Mailed	Name: _____	Signature: _____	Date: _____
	<input type="checkbox"/> Picked up			

Payment Information

The total amount can be paid by:

- Certified cheque, money order, or bank draft payable to Concordia University.
- Credit card (VISA or MasterCard) provide the information below.

PLEASE PRINT CLEARLY

Student ID #	Student Family Name	Student First Name
Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		Certified Copies (\$10 each) \$ _____
PLEASE NOTE: We do not accept Visa or Mastercard Debit.		Mailing of copy to alternate address (if applicable) \$ _____
		Total Amount: \$ _____
Card Number: _____ - _____ - _____ - _____		Expiry Date: _____ - _____ <small style="margin-left: 100px;">MM YY</small>
3 Digit CVD Security Code: _____ <small>(Located on back of card)</small>		Phone: () _____
PLEASE SIGN Cardholder's Signature: _____		

NOTES:

Payment will not be processed without a signature and total amount.

Concordia University will not be responsible for additional costs associated with items returned as unclaimed or with incomplete / incorrect mailing addresses.

E-MAIL

To send the completed form via e-mail (with credit card payment): diplomamailin@concordia.ca

FAX

To send the completed form via fax (with credit card payment): 514-848-2837 (Attention: Events Office)

MAIL

To send the completed form via mail (with certified cheque, money order or bank draft payment):

Concordia University
 Enrolment Services: Attention – Events Office
 1455 De Maisonneuve Blvd. West, FB-900
 Montreal, Quebec H3G 1M8