Quality Form 047	Related Procedure B07	Revision: FIVE	Issue Date: July 20, 2026	

HOLLAND COLLEGE
REQUEST FOR REPLACEMENT DIPLOMA/CERTIFICATE

Date: _____ Date Rec'd: _____

Name at Time of Graduation: _____

Current Name (if applicable): _____

Present Address

_____
Street Address / P.O. Box

_____ _____ _____
Town / City Prov / State Postal/Zip Code

_____ _____ _____
Primary Phone # 2nd Phone # Email Address

Program Attended: **Year of Graduation:** _____

To help us in ensuring we have the right file could you provide your day and month of birth:

_____(dd) / _____(mm) Holland College Student ID #, if known: _____

New Diploma/Certificate - $25.00

PAYMENT ACCEPTED:

☐ Cash (in person) ☐ Debit (in person)

☐ Cheque (payable to Holland College) ☐ Money Order (payable to Holland College)

☐ VISA/Mastercard Card #: _____ Expiry Date: _____

Signature: _____

Please send completed request form and fee to:

HOLLAND COLLEGE, Office of the Registrar
140 Weymouth Street
Charlottetown, PE C1A 4Z1

Or email: tlvessey@hollandcollege.com

For Office Use Only	
Comments:	
Date Completed:	Completed By: