



# CREDENTIAL REPLACEMENT REQUEST FORM

Under the Ontario Freedom of Information and Protection of Privacy Act, this form must be completed and signed in order to release/forward personal academic record information.

Contact: [records@georgebrown.ca](mailto:records@georgebrown.ca) or (416) 415-2000; Toll Free: 1-800-265-2002

Online request for Credentials available at <https://www.georgebrown.ca/registrars/transcripts-credentials-enrolment-confirmation/>. Available only to students and alumni who attended after 1995. This form is to be used only for the replacement of a credential previously issued (diploma, certificates, or degree). A replacement is \$50.00 CAD (taxes and shipping included, for any destination). This fee is non-refundable once processed.

Allow up to 15 business days for processing. Processing time may increase during peak periods (January, May, June, and September).

Submit Requests: Fax 416-415-4289 or Email [records@georgebrown.ca](mailto:records@georgebrown.ca)

Mail: George Brown College, Attn: Academic Records, PO Box 1015, Station B, Toronto, ON M5T 2T9  
In Person: At any Student Service Centre location [click here for Student Service Centre locations and times of operation](#). Processing times still apply.

Request must be accompanied by valid photo identification (GBC student card/Driver's License/Passport).

Individuals picking up a credential on behalf of a student must provide written consent from the student and present valid photo identification. Consent must include name of student, date, signature, and name of individual picking up the credential.

## Step 1 PERSONAL INFORMATION (\*NOT MANDATORY)

*GBC Student Number:	*SIN:	Date of Birth: (DD - MM - YY)	
Last Name:	First Name:	Middle Name:	
Previous Name: (While at GBC, if different from above):	Email Address:	Phone Number:	
Address: (Include Unit #, Street # & Name)			
City:	Province/State:	Country:	Postal Code:

## Step 2 PROGRAM INFORMATION

Program Name:	Graduation Date:
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## Step 3 REASON FOR REPLACEMENT:

Lost/Misplaced    Damaged    Other – please specify

## Step 4 STUDENT SIGNATURE:

Date:

## Step 5 PAYMENT INFORMATION (NO PERSONAL CHEQUES. DEBIT ONLY ACCEPTED IN PERSON)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> CERTIFIED CHEQUE	<input type="checkbox"/> MONEY ORDER
Amount Authorized <b>\$ 50.00 CAD</b> (taxes and shipping included)				
Cardholder Name:		Cardholder Signature:		
Credit Card Number: (Please Print clearly)		Expiry Date: (MM / YY)	CVV: <small>3 digit number on back of VISA or MasterCard or 4 digit numeric code on front American Express</small>	