



College of Continuing
and Professional Education

CERTIFICATE REPLACEMENT REQUEST FORM

INSTRUCTIONS

REGISTRATION SERVICES • 3333 BUSBEE DRIVE, MD #3301 • KENNESAW, GA 30144
 Phone: 470-578-6765 • Fax: 470-578-9085
 Office Hours: M-Th 8am-8pm; F 8:00am-4:30pm

This form is to be used for **REPLACEMENTS** only. If you have recently completed a Certificate class and/or program and passed, your certificate will be available through the program department.

Step 1 . . . Complete all the information in the spaces below.

Step 2 . . . Fax to the number referenced above; or email to: cerrecords@kennesaw.edu

Failure to complete this entire form may result in a delay in the issuance of your certificate

Please note: This form is for Continuing Education student use only. Registration Services **CAN NOT** accept requests by telephone. The request must include a maiden name or any former last name you may have used in the past.

Date: _____ Student ID: _____

Last Name: _____ Former Last Name: _____

First Name: _____ Middle Name/ Initial: _____

Phone Number: _____ Email Address: _____

Current Address: _____

City, State, Zip Code: _____

Program in which Certificate was earned:

DELIVERY OPTIONS

- A. I prefer to **pick up** my certificate at the Registration Office of the College of Continuing and Professional Education.
- B. I prefer to have my certificate **mailed** to me.
- C. **Mail** my certificate to a **third party**: (A separate form must be completed for each requested address mailing)

Internal Use Only

Processed by: _____ Comments: _____ Date: _____

APPROVED DENIED BY: _____

REVISED 12Nov2014