



## Certificate Replacement Form

Student's name: \_\_\_\_\_

ID#: \_\_\_\_\_ Contact phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate Type of Course: \_\_\_\_\_

Date of Course: \_\_\_\_/\_\_\_\_/\_\_\_\_

There is a \$25 fee for replacement of OSHA Education Center Course Certificates.

Type of payment: \_\_\_\_ Visa # \_\_\_\_\_ exp date \_\_\_\_ CVV# \_\_\_\_

\_\_\_\_ Master Card # \_\_\_\_\_ exp date \_\_\_\_ CVV# \_\_\_\_

Name on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_ Check made out to Keene State College

fax request to: 603-645-0080

email to: [ksperry@keene.edu](mailto:ksperry@keene.edu)

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