



## **Application for Replacement Credential** **(Complete a separate application for each credential to be replaced)**

The Registrar will order a replacement credential if the original has been damaged or lost. Replacement credentials display signatures of the *current* Hazard Community and Technical College President, Board of Regents Chair, KCTCS Chancellor and KCTCS President and the original award date. **There is a \$20 charge for each replacement credential.** Since credentials are not produced in-house, it may take 10-12 weeks for processing and delivery.

*I hereby certify that the original credential listed below was lost or damaged:*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Reason why replacement credential is being requested:* \_\_\_\_\_

Please type or neatly print all information requested below:

**Name appearing on original credential:** First \_\_\_\_\_

Middle \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Credential awarded (Degree, Diploma or Certificate) \_\_\_\_\_

Date awarded \_\_\_\_\_

Address to which replacement credential is to be mailed \_\_\_\_\_

Please provide phone number(s) in case we need to speak with you:

(     ) \_\_\_\_\_ - \_\_\_\_\_     (     ) \_\_\_\_\_ - \_\_\_\_\_

**Mail this form, including \$20 for each replacement credential requested, to:**

Hazard Community and Technical College  
ATTN: Registrar  
One Community College Drive  
Hazard KY 41701

*Revised 05/2013*

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**For Office Use Only:** Replacement credential mailed on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_