

REQUEST FOR DUPLICATE CERTIFICATE

Please retain a photocopy of this form for your records.

TWO WAYS TO ORDER A DUPLICATE CERTIFICATE:

BY FAX:

Fax the completed request form with payment information to 713-348-3123.

BY MAIL:

Send the completed request form with payment information to Rice University, Glasscock School of Continuing Studies, Mail Stop 550, PO Box 1892, Houston, TX, 77251-1892, USA.

PROCESSING:

Once your completed request form is received, we will email a PDF certificate within 15 days. Note: Records may not be available for workshops prior to 2005.

PAYMENT:

Certificate will be released only if this form is filled out completely and is accompanied by a check or credit card information described on the right under "Payment Information." Checks submitted to Rice University for payment may be converted into an electronic funds transfer from your account. There is a \$30 charge for all checks returned for insufficient funds.

Rice University is committed to equal opportunity in education and employment. Rice does not discriminate on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or veteran status. Rice University is an Equal Opportunity/Affirmative Action Employer.

PERSON REQUESTING CERTIFICATE:

List the information of the person to whom the certificate will be emailed

Name and Title _____

School _____ District _____

Preferred phone number _____

Preferred email address _____

PARTICIPANT INFORMATION:

Provide detailed data to aid in historical records search

Participant #1: Name of record _____

School of record _____

Course level, subject and type _____

_____ Month/Year _____

Participant #2: Name of record _____

School of record _____

Course level, subject and type _____

_____ Month/Year _____

Participant #3: Name of record _____

School of record _____

Course level, subject and type _____

_____ Month/Year _____

Participant #4: Name of record _____

School of record _____

Course level, subject and type _____

_____ Month/Year _____

**For additional participant certificate requests, please attach multiple forms as needed.*

PAYMENT INFORMATION: (required)

\$25 per certificate x _____ = _____ (Rice staff code: TPDG)
number of certificates total

Check enclosed (make payable to Rice University - GSCS)

VISA/MasterCard/American Express # _____

Exp. date _____ Security code _____

Card holder's name _____