## **COLLEGE OF THE CANYONS**

School of Personal & Professional Learning

## CERTIFICATE REQUEST

udent Name	(Last)	(First)	(Middle)
ndent ID#	Date of Birth	Telephone #	
	<u>Certificate</u>	Name(s):	
In-Person Pick U  Check this box	p: if you would like to pick-up your ce	rtificate in person. (Photo identif	ication is required)
Mail Certificate	<u>ОR</u> Го:		
	if you would like your certificate ma	, , ,	,
City	State	Zip	
Digital Badge: (S	tudent email required for delivery	of digital badge for Career Skil	ls certificates).
COC Student E	mail Address		
	business days <u>after</u> final	2	
typing in your name ab	ove and sending this request via you	ur student email to freeclasses@	ocanvons.edu. vou a

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