

CERTIFICATE REPLACEMENT FORM

Please **carefully** read the following:

1. This Form must be completed in **BLOCK LETTERS ONLY** (one form per document).
2. Verification by a Commissioner of Affidavits is required and the replacement cannot be issued in a name other than that under which it was originally conferred.
3. Replacements will be printed **ONCE** annually.
4. The cost of certificate replacement is \$250.00 TT
5. Scan and return completed form to sturecords@utt.edu.tt

PLEASE PRINT			
Student ID	Last Name	First Name	Middle Name
(Area Code) Home Telephone	(Area Code) Cellular Telephone	E-Mail	
Mailing Address:			
Programme:			
Specialisation:		Date of Graduation	
		D D M M Y Y Y Y 	
DECLARATION OF CANDIDATE			
<p><i>The candidate is required to explain the circumstance surrounding the destruction, or loss of certificate.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>STATE FULL NAME</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Please provide one (1) form of ID National ID / Passport / Driver's Permit</i></p> <p><u>EXPLAIN NATURE OF LOSS</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Month and year in which incident occurred _____</p>			

