

DUPLICATE CERTIFICATE REQUEST

1. PRINT legibly in blue or black. ALL FIELDS MUST BE COMPLETED.
2. Submit this completed form along with the \$25 (twenty-five dollar) Duplicate Certificate Request Administrative Fee to P.E.N., 350 W. Julian St., Bldg. 5, San Jose, CA 95110.
3. Duplicate Certificate Requests paid by cash, money order or credit card may take up to 48 hours to process not including weekends and/or holidays.
4. Duplicate Certificate Requests paid by check will be processed 10 days from the date of receipt.

NOTE TO PERSONS PAYING BY CHECK:

Checks returned unpaid by the bank are subject to a \$25 (twenty-five dollar) fee. If your bank returns your check, the Duplicate Certificate Request and return bank fee (\$50 total) must be paid in cash or money order prior to issuance of certificate.

5. Errors or omissions not caused by P.E.N. will require a new Duplicate Certificate Request and fee.

STUDENT INFORMATION

Student Name		Date of Birth / /
Mailing Address		Apt. Number
City	State	Zip Code
Day Phone ()	Evening Phone ()	
Student Number or Username	Email Address	
Approximate date Enrolled in program / /	Approximate date original Certificates were received / /	
Student SIGNATURE	Date / /	

CHOOSE A MAILING OPTION:

- \$25 **REGULAR U.S. MAIL** – Mail the certificate by regular U.S. mail. (No additional fee for shipping.)
- \$50 **OVERNIGHT MAIL** – Mail the certificate overnight (next business day delivery—does not include weekends or holidays).

The original certificates were **(check one)**:

- Kept by DMV** **Stolen** **Erroneous** (contained errors)
- Lost** **Damaged** **Other** (please specify) _____

PARENT INFORMATION

I, the undersigned Parent/Guardian of the above named student, state under penalty of perjury that all statements made on this form are true and correct. I understand that fees are non-refundable and that PEN assumes no liability for the delivery of certificates once certificates have been transferred to mailing service. Remedies to error and omissions caused by PEN will be limited to an additional certificate issued to student at no additional cost. My signature certifies that I take full responsibility for all information provided in this document. I have read, understand and agree to all terms in this document.

Parent/Guardian SIGNATURE	Date / /
PRINT Parent/Guardian Name	CA Driver License Number

IF PAYING BY CREDIT CARD, PLEASE PROVIDE THE FOLLOWING INFORMATION:

PRINT Name on Credit Card	TYPE of Card (circle one): AMEX DISC MC VISA
Card Number	Expiration Date / /
Billing Address	Apt. Number
City	State
	Zip Code

My signature authorizes Private Educational Network (a.k.a. PEN) to charge my credit card for the fee(s) associated with the services selected above. I understand that all fees are non-refundable.

Card Holder SIGNATURE	Date / /
------------------------------	----------

OFFICE USE ONLY

Check #	Student Number OR Username	DATE FORM RECEIVED
Receipt #	Original Cert. Number	Duplicate Cert. Number
Processed By	Original Cert. Issue Date	Duplicate Cert. Issue Date