

Application for a Reprint of a National Certificate or National Diploma

PLEASE NOTE: This form should be sent directly to the New Zealand Qualifications Authority accompanied by the \$15.00 per reprint fee. A reprint is only provided on the basis that the original certificate has been lost, destroyed, misplaced, or superseded by an endorsement. Multiple copies of one certificate cannot be provided.

All sections of this form must be completed.

PLEASE USE BLOCK LETTERS

<p>1. Surname (family name) <input style="width: 95%;" type="text"/></p> <p>NSN (National Student Number) <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date of Birth <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 19 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-left: 20px;">Day Month Year</p> <p>Address <table border="1" style="width: 100%; height: 40px; border-collapse: collapse; text-align: center;"> <tr><td colspan="20"></td></tr> <tr><td colspan="20"></td></tr> <tr><td colspan="20"></td></tr> <tr><td colspan="20"></td></tr> </table></p> <p>Teaching Institution <input style="width: 95%;" type="text"/></p>																																																																																	<p>2. First Names (given names). Enter all names in full <input style="width: 95%; height: 25px;" type="text"/> <input style="width: 95%; height: 25px;" type="text"/></p> <p>Tick appropriate box (for statistical purposes only) Female <input style="width: 20px; height: 20px;" type="checkbox"/> Male <input style="width: 20px; height: 20px;" type="checkbox"/></p>
<p>Qualification</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number (if known)</th> <th style="width: 50%;">Name of Certificate or Diploma</th> <th style="width: 15%;">Version</th> <th style="width: 20%;">Completion Date</th> </tr> </thead> <tbody> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Strand (where applicable)</td> <td></td> <td style="text-align: center;">Level</td> </tr> <tr> <td></td> <td><input style="width: 95%;" type="text"/></td> <td></td> <td><input style="width: 95%;" type="text"/></td> </tr> </tbody> </table> <p>Fees: Total fees paid with this entry form \$15 per qualification (incl GST) \$ <input style="width: 60px;" type="text"/></p>		Number (if known)	Name of Certificate or Diploma	Version	Completion Date	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		Strand (where applicable)		Level		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>																																																																
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<p>Method of Payment</p> <p><input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p><input style="width: 100%; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p style="margin-left: 5px;">Card Account Number Expiry Date</p> <p><input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/></p> <p>Cardholder's Signature Cardholder's Name</p>	<p>Post this form with appropriate fee to:</p> <p style="text-align: center;">Tertiary Records NZQA PO Box 160 Wellington 6140</p> <p>Fax: 04 802 3409 Phone: 04 463 3000</p>																																																																																

Teaching Institution or NZQA USE ONLY RC \$ Date