



# International Development Institute

**Registration Office** 39 West 32<sup>nd</sup> Street, Suite 1101 - New York NY 10001 Tel. (212)-594-1917 Fax (212) 594-2534

**Training Facility:** 157 William Street 14<sup>th</sup> Floor - New York NY 10038 Tel. (212)-307-4828 Fax (212) 594-2534

**Training Facility:** 613 Brighton Beach Ave. 2<sup>nd</sup> Fl.- Brooklyn, NY 11235 Tel. (718)-615-0303 Fax (718) 615-0329

## Student Original Certificate Duplicate Request Form

(Please attach a copy if available)

Please complete this form in order to keep accurate up to date records

**Please Print**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student E-mail:** \_\_\_\_\_

The school will notify you by email or phone call, when the new updated Diploma or Certificate is ready.

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mobile Number** (\_\_\_\_\_) \_\_\_\_\_ **Home Number** (\_\_\_\_\_) \_\_\_\_\_

**Training Program Name** \_\_\_\_\_

**Date when you complete your training program** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Once validated the school will issued a new original duplicate Certificate or Diploma within 30 days from receipt of the official request date.

Please return this form with your payment of **\$199.00** and/or correspondence with all the requirement documents to:

**International Development Institute**

P.O. BOX 20260

New York, NY 10001

By signing below, you indicate all information is true and accurate.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**