



Replacement Parchment Request

One University. One World. Yours.

Student Name: _____

Student Number (if known): _____

Email Address: _____

Telephone Number: _____

Degree/Diploma: _____

Date of Graduation: _____

Reason for Request (Mandatory) – You must state why you are requesting a replacement parchment. For example: lost, destroyed, etc.

Please choose one of the following options:

Parchment to be picked up at Service Centre (McNally Main 108)

Parchment to be mailed to: _____

Student Signature: _____ Date: _____

Please return completed form and payment to the Service Centre.

Fee: \$50.00 plus HST (\$57.50)

Please allow 6-8 weeks for processing.

Date Received _____

Payment Received _____



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Replacement Parchment Payment Information

****Please print, complete and return with replacement parchment request form by fax or mail****

| | |
|--------------------|----------------|
| Amount Due: | \$57.50 |
|--------------------|----------------|

| | |
|----------------------|--|
| Student Name: | |
|----------------------|--|

| | |
|------------------------|--|
| Student Number: | |
|------------------------|--|

| | |
|------------------------|-------------------------|
| Payment Method: | Visa |
| | MasterCard |
| | American Express |

Cardholder will pay to the Issuer of the charge card presented herewith the amount stated hereon in accordance with the Issuer's Agreement with the Cardholder.

| | |
|-------------------------|--|
| Cardholder Name: | |
|-------------------------|--|

| | |
|-------------------|--|
| Cardholder | |
|-------------------|--|

Complete credit card information below.

Once payment is processed, your credit card information will be destroyed.

Please Note: Visa/Debit and Mastercard/Debit cards cannot be used.

| | |
|----------------------------|--|
| Credit Card Number: | |
|----------------------------|--|

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|---------------------|
| Expiry Date: |
|---------------------|

| | |
|--------------|--|
| Month | |
|--------------|--|

| | |
|--------------|--|
| Year: | |
|--------------|--|

