

PARCHMENT REPLACEMENT/REPRINT REQUEST FORM

STUDENT INFORMATION

Student I.D. : _____

Name: _____
First Name Middle Name Last Name

Please select the language to appear on your parchment:

English French Gaelic Mi'kmaq

REPRINT INFORMATION

Reason for reprint request:

- replace lost parchment correct mistake on original parchment acquire an additional parchment

Please print your name as it originally appeared on your parchment:

First Name Middle Name Last Name

If there was an error in your name, please enter it as it should appear on your replacement parchment:

First Name Middle Name Last Name

Credential: _____

Date of Conferral: _____

DELIVERY INFORMATION

Indicate method of delivery: mail courier pick-up

Note: This form must be accompanied by the \$20.00 fee. If you wish to have your parchment sent by courier, there will be an additional charge. Forms submitted by fax and/or those requesting courier service must also be accompanied by a credit card charge form.

Mailing or courier delivery address:

Fax: (

| www.cb

Phone number: _____

Email: _____