

Personal Information:

Name: _____ Student ID: _____

Permanent Address: _____

Email: _____ Phone: _____

Date of Birth: _____ Years Attended ABU (i.e. 2002-2006): _____

Reprint Requested:

Atlantic Baptist University (current legal name; available in 2-3 weeks)

Crandall University (pending legislative approval in 2010)

Certificate/Degree Information:

Name (as it is to appear on parchment): _____

Please list all programs for which you are requesting reprints:

1. _____

2. _____

3. _____

4. _____

Parchment Release Options:

Pick up from office (identification required)

Via mail:

to address listed at top of this form

to the following address: _____

Reprint Fee Information:

The reprint fee of \$30 must accompany this form. Courier charges will be additional, if required.

Method of Payment:

Cash Cheque Mastercard Visa

Please be advised that I hereby authorize Atlantic Baptist University to charge the total amount detailed below to my Visa or Mastercard as I instruct them below for the student named on this form. By signing this form it will have the same force as if I have signed the Visa/Mastercard slip myself.

Name of Cardholder (please print): _____ Phone: _____

Card Number: _____ Expiry Date: _____

Total Amount to be Charged: \$ _____

Cardholder Signature: _____ Date: _____