

Personal Information:

Name: _____ Student ID: _____

Permanent Address: _____

Email: _____ Phone: _____

Date of Birth: _____ Years Attended (i.e. 2006-2010): _____

Certificate/Degree Information:

Student's 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 Crandall 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: _____