

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 be paid before the parchment request can be fulfilled. Courier charges will be additional, if required.

Method of Payment

Option #1: The reprint fee can be paid via cash, cheque, debit or credit at the Registrar's Office (Stultz Hall, Student Services Hallway, Suite 147).

Option #2: The reprint fee can be paid via credit card over the phone. Please call the Registrar's Office (506.858.8970 ext. 302).