

Application for Parchment Reprint

The official parchment is a legal document and, as such, will not be reproduced except on the written request of the student. The reprint bears the signatures of officials now in office and replaces the original parchment, which will be destroyed. Parchments will be reprinted with the name printed on the original parchment but in the current style and language. Parchments are reprinted monthly.

If you require proof of graduation immediately, you may order an official transcript or a Certificate of Degree from the Office of the Registrar, (780) 492-3113; fax (780) 492-6079

Note: Parchment reprints will not be issued if you have outstanding accounts with any university department.

Instructions

Submit completed form and \$100 fee to: Office of the Registrar
University of Alberta
201 Administration Building
Edmonton, Alberta, T6G 2M7

Personal Information

| | | | |
|-----------|------------|----------------------------------|-------------------|
| Last Name | First Name | Date of Birth M M D D Y Y Y Y | Student ID Number |
|-----------|------------|----------------------------------|-------------------|

Mailing Address

| | | | |
|----------------------------|---|---------------|--|
| Address | | City | |
| Province | Country | Postal Code | |
| (Area Code) Home Telephone | (Area Code) Business and/or Cell Phone Number | Email Address | |

Do you want the above address updated to our database? Yes No

Indicate the Degree to be reprinted and date of Convocation

| | |
|--|-------------------------------|
| Degree | Month and Year M M Y Y Y Y |
| Name as it should appear on your parchment (for name changes only) | |

Reason for Replacement

| | |
|---|--|
| <input type="checkbox"/> Lost parchment <input type="checkbox"/> Original parchment never received <input type="checkbox"/> Damaged (original parchment must be returned with this form) <input type="checkbox"/> Name change (original parchment must be returned with this form; supporting documentation, including a <i>Change of Name</i> form from the Office of the Registrar, must be presented before the reprinted parchment will be released) | <input type="checkbox"/> For professional display purposes (note: MD, DDS, LLB/JD degrees only) <input type="checkbox"/> Convert BPE to BKin (original BPE parchment must be returned with this form) <input type="checkbox"/> Convert LLB to JD (original LLB parchment must be returned with this form) <input type="checkbox"/> Convert MPharm to PharmD (original MPharm parchment must be returned with this form) |
|---|--|

By signing this request, I understand that misrepresentation or attempts to obtain official documentation under false pretences are serious offences which may result in prosecution under the University's Code of Behaviour and/or the Criminal Code of Canada.

Signature

| | |
|-----------|-------------------------|
| Signature | Date M M D D Y Y Y Y |
|-----------|-------------------------|

The personal information requested on this form is collected under the authority of section 33c of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for university admission and/or the administration of academic programs and student services. For information about the collection and use of this information contact the Registrar at (780) 492-3113. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Mail Options (Choose ONE of the following options)

- I will pick up my parchment reprint. Please phone me when ready.
- Regular mail (no charges apply).
- Please send my parchment reprint to the address above by courier.

Payment Details

Confirm your payment method for the \$100 parchment reprint fee and courier charges, if applicable: Canada \$20 United States \$40 International \$60
 Cheque enclosed.
 Charge the following credit card:

| | |
|--|-------------------------|
| Card Holder's Name (as it appears on the card) | Card Holder's Signature |
|--|-------------------------|

| | |
|--------------------|--------------------------------|
| Credit Card Number | Expiry Date M M Y Y Y Y Y Y |
|--------------------|--------------------------------|