

## REQUEST FOR REPLACEMENT PARCHMENT

Replacement Parchments will only be issued under the following circumstances:

- The original parchment is damaged or lost.
- There has been an official change to your legal name.

If your parchment is damaged or is being replaced because of a name change, your original parchment must be returned prior to the replacement parchment being issued. If your parchment is lost you must complete the section entitled Statutory Declaration, along with a signature and stamp from a Commissioner of Oaths.

If your name has changed and you would like the parchment updated, please provide appropriate documentation confirming the change of name to the Office of the Registrar. You will be asked to provide documentation showing the name change (e.g. marriage certificate or divorce decree) and a piece of government-issued photo ID (e.g. drivers licence or passport).

STUDENT INFORMAT	ION				
Last/Family Name:		First Name (Legal):		Middle Name (Legal):	
MRU Student ID:		Date of Birth: Day	Month	Year	
MRU Email:		Phone (cell):		Phone (home):	
PARCHMENT INFORM	MATION				
Original parchment issued:		Applied Degree Diploma	Certificate		
Program:					
Graduation Date	Month:	Year:			
Was your original parchment	Lost	Damaged Other			
Parchment distribution prefer	ence: Mail	Pick-Up			
If Mail selected	Address:				
	City:	Province/Cou	ntry:	Postal Code:	
This information will be used for academic ac	Iministration, the administration of Mount Ro	yal support services, scholarship and financial a	aid awards, marketing and recruitmer	ng Act and the Freedom of Information and Protection of Privacy A nt activities and in compliance with data sharing agreements wi yyal Gate, SW; Calgary, AB; T3E 6K6 or by phone at 403.440.343	th the Students Association
STUDENT SIGNATUR	E:			DATE:	
STATUTORY DECLAR	ATION				
	·		·	do solemnly declare t	
	ued to me by Mount Royal Univers r oath, and by virtue of the Canad		this solemn declaration cons	scientiously believing it to be true and knowing t	nat it is of the same
Signature of Declarant					
Declared before me at	(cit	y),	_(province/state),		
this day of	, 20				
Signature of Commissioner of O	Name of (	Commissioner (print)			
Signature of Commissioner of Oa	atiis ivaille of t	sommissioner (print)		seal/stamp	
OFFICE USE ONLY					
Replacement Parchment:	☐ Mailed ☐ Held	or Pickup			
Initials:	Date:				
METHOD OF PAYMEN	IT – \$50 FEE APPLIES				
Cash (in-person only)	Cheque (made payable to Mour	t Royal University) Mo	oney Order Deb	it (in-person only)	
□ Visa	Card Number:		Expiry D	ate:	
☐ MasterCard	Cardholder's Name:		Cardhol	der's Signature:	

Please do not email this form if providing credit card information. Any credit card information sent through email will be automatically deleted.