



### REQUEST FOR REPLACEMENT PARCHMENT(S)

**\*NOTE:** The Replacement Parchment looks similar to the original, and the wording certifies that you graduated, but **IT IS NOT A DUPLICATE OF YOUR ORIGINAL PARCHMENT**. The fee for a Replacement Parchment is **\$73.50**. Cheques/Money Orders should be made payable to the University of Manitoba. You may also pay by credit card (if ordering by mail or fax, please fill out credit card information on reverse). If ordering in person you may also pay by debit.

Allow approximately five working days from our receipt of this request for processing.

Current Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Last Name(s) Given Names

Date of birth: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

- Reason for request:**
- Original parchment has been lost/stolen/destroyed/damaged (complete Sections A and C)
  - Name has changed since graduation (complete Sections B and C)  
(Please note that all parchments you received from the U of M in a previous name must be replaced at the same time)
  - Both of the above (complete Sections A, B and C)

#### Section A

I, \_\_\_\_\_, Student # \_\_\_\_\_,

do hereby certify that the original parchment(s) for my \_\_\_\_\_  
(Specify the name of degree/diploma/certificate you received)

issued to me when I graduated in \_\_\_\_\_  
(Month and Year)

was/were LOST: \_\_\_\_\_ STOLEN: \_\_\_\_\_ or DESTROYED/DAMAGED: \_\_\_\_\_

#### Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of updating your records to reflect your full legal name and to replace your parchment(s). Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

**Proceed to back of this page to complete your request**

FOR OFFICE USE ONLY

Date Ordered:

Date Shipped/Set for Pick Up:

## Section B

This application must be accompanied by:

- \_\_\_ 1. Completed *Request for Change of Name* form and **ALL** required documents (if Change of Name not already processed)
- \_\_\_ 2. Original parchment(s)

Degree/Diploma/Certificate to be replaced	Date of graduation	Name as it appears on original parchment

## Section C

FOR PICK UP: \_\_\_\_\_ MAIL OUT: \_\_\_\_\_ PLEASE COURIER: \_\_\_\_\_

Additional Courier fees: (cannot courier to a PO box)

\*\$20.00 Anywhere in Winnipeg

\*\$50.00 Anywhere in Canada or U.S.A

\*\$100.00 International/Overseas

Shipping address (mail or courier only):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

➤ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment:** Cheque/Money Order: \_\_\_\_\_ MasterCard:\* \_\_\_\_\_ Visa:\* \_\_\_\_\_ \*No other cards accepted.

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_  
(Month) (Year)

I hereby authorize payment of \$ \_\_\_\_\_ using the above noted credit card and number.  
Total amount

➤ Card holder signature: \_\_\_\_\_ Date: \_\_\_\_\_