

400 UMSU University Centre Winnipeg MB R3T 2N2 Canada Registrar.Office@umanitoba.ca

Expiry date: /

Amount:

Tel: 204-474-9420

REQUEST FOR REPLACEMENT PARCHMENT

BACHELOR OF LAWS TO JURIS DOCTOR

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 **\$79.25**. Please **allow approximately five to six weeks** from our receipt of this request for processing.

Please submit a complete Request for Change of Name should you wish to have this parchment issued under your current legal name. Note that **you must relinquish your current LL.B. parchment and submit it with this request**.

| Student Number: | ank if unknown | Last Name(s): | | | | | |
|---|--------------------------------|-------------------------------------|---------------|---|--|--|--|
| | | | | | | | |
| Given Name(s): | | _ Previous Name(s) (If Applicable): | | | | | |
| Date of Birth: | Daytime Phone: | | | | | | |
| PART 2: DECLARATION | | | | | | | |
| I hereby request that my University of Manitoba of the Bachelor of Laws as originally awarded. I und I have included my current LL.B. parchment | derstand that I may not make a | | • | | | | |
| Student signature: | Date: | | | | | | |
| PART 3: DELIVERY INFORMATION * | | | | | | | |
| Standard Mail | Recipient Name: | | Phone number: | | | | |
| Pickup in Office | Address: | | | | | | |
| Courier (cannot courier to a PO BOX) Additional courier fees will apply: | | | | | | | |
| | City/town: | Province/state: | Country: | Postal/Zip Code: | | | |
| \$20.00 Anywhere in Winnipeg\$50.00 Anywhere in Canada / USA | | | | * Delivery problems arising from the provision of incorrect information are not the responsibility of the Registrar's Office. | | | |
| , | | | | | | | |
| • \$50.00 Anywhere in Canada / USA | | | | | | | |

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

Visa or Mastercard Number:

Card Holder Signature: ___

(Visa Debit is not accepted)

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 producing your Replacement Parchment request. 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. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Card Holder's name (as it appears on the card):