



# DECLARATION FOR PARCHMENT REPLACEMENT FORM

Parchments may only be reissued with submission of a signed declaration confirming loss or damage of the original parchment, or a legal name change. In the case of damaged or legal name change, the original parchment must be returned. A duplicate parchment will replicate the original except for the Reprint date notation, as well as any design changes that may have been made to the Keyano College parchment since the issuance of the original document. The replacement will bear the signatures of officials in office at the time of reprint.

## PLEASE READ CAREFULLY

- Replacement Parchment forms must be completed in full. Payments for each request must be made before a replacement will be issued.
- Students' records are confidential and replacement parchments are reprinted only upon request of the student.
- Parchments will not be released if the requesting student has any outstanding fees or fines payable to Keyano College

OFFICE USE ONLY		
DATE RECEIVED	RECEIVED VIA	ENTERED BY

## PERSONAL INFORMATION

STUDENT ID #	LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
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### Legal Name

This name will be inscribed on your parchment. If this is not your name under which you registered at Keyano College, you must provide evidence of your legal name. (e.g. Birth certificate, marriage certificate or legal name change)

MAILING ADDRESS	CITY/TOWN	DATE OF BIRTH
PROVINCE/TERRITORY	POSTAL CODE	COUNTRY
PROGRAM	PHONE NUMBER - HOME	PHONE NUMBER - CELL

## TYPE OF CREDENTIAL

Standard Processing  Certificate  Diploma  Parchments will be issued at the **end** of each month. \$30.00 + GST each

## REASON FOR REPLACEMENT

- Lost
  Damaged (original parchment must be returned)
  Name Change (original parchment must be returned with supporting documentation including a change of name notification form obtained from Office of the Registrar before the replacement will be released)
  Other (please indicate) \_\_\_\_\_

## METHOD OF DELIVERY

- Mail to address above
  Pick up
  Mail to address below

NAME/INSTITUTION			
ADDRESS	CITY	PROVINCE	POSTAL CODE

By signing this document, I certify that the information provided above is true and complete in all respect and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Keyano College's Student Rights & Responsibilities Policy, beginning on page 36 of the Credit Calendar (available at [keyano.ca](http://keyano.ca))

STUDENT SIGNATURE *	DATE
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\*Signature is not required if submitting this form and supporting documentation via your keyanomail account.

## METHOD OF PAYMENT

<input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> In Person	CREDIT CARD	EXPIRATION DATE
	CARD ISSUED TO	SIGNATURE

Phoned In

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association, Student Health Plan provider and Sport & Wellness Centre for the purposes of membership and information sharing. For information about the collection and use of this information, contact the Registrar.