

DECLARATION FOR PARCHMENT REPLACEMENT FORM

Email completed form to: Registrar@keyano.ca

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.

LAST NAME (LEGAL) *		FIRST NAME (LEGAL) *		STUDENT ID # *	
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).					
FORMER NAME (IF APPLICABLE)		EMAIL *			
DATE OF BIRTH *	PHONE # *	PROGRAM *			
ADDRESS *		CITY *	PROVINCE *	POSTAL CODE *	

Type of credential

Certificate
☐

Diploma
☐

Parchment Replacement: \$32.00 + 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).

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

- ☐ Money Order
- ☐ VISA
- ☐ MasterCard

CREDIT CARD	EXPIRATION DATE	CVV/CVC (3 or 4-DIGIT NUMBER)
CARD ISSUED TO	SIGNATURE	
<input type="checkbox"/> Phoned In		

Office of the Registrar Use Only

RECEIVED BY	DATE	AUTH #	PROCESSED BY	DATE
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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 for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.