University of
Lethbridge

Registrar's Office
4401 University Drive
Lethbridge, Alberta T1K 3M4
Fax: 403-329-5159
Phone: 403-320-5700
regoffice@uleth.ca

PARCHMENT REPLACEMENT REQUEST FORM

University of Lethbridge ID Number: *(if known)*	**Date:**
Full Legal Name:	
Name at Graduation:	
Credential(s) Awarded: *(e.g. Bachelor of Arts)*	**Date of Birth:**
Full Mailing Address:	
Day-Time Phone Number:	**Email Address:**

Replacement Parchment Issue

o Legal name change *(original parchment(s) AND supporting documents MUST be included with this request)*

o Mail to address above   o Call when ready for pick-up

o Courier service required *(applicable payment MUST be made with this request)*

Payment *(Fee is $105.00 per credential)*

o Cash *(not for mailed or faxed requests)*

o Debit *(not for mailed or faxed requests)*

o Cheque / Money Order *(mailed or dropped off requests only)*

o Visa or Mastercard #: _____   Expiry Date: _____   CVV: _____

Request MUST be signed and full payment provided with the request. Allow approx. 4-6 weeks for processing. Mail or fax form with payment information to address listed above.

_____   _____
Signature   *Date*

For Office Use Only