

Parchment Replacement Application

PLEASE PRINT CLEARLY

Protection of Privacy

The personal information collected through Parchment Replacement Application form is for alumni to be able to get a copy of their parchment. This collection is authorized by Section 4(c) of the Protection of Privacy Act and. For questions about the collection of this personal information please contact Associate Registrar at 403.502.8976, smaass@mhc.ab.ca, Medicine Hat College.

INSTRUCTIONS FOR COMPLETION

Complete and return this form to the records@mhc.ab.ca or if submitting in person, the Registrar's Office.

If you have lost your original certificate, diploma or applied degree and are applying for replacement (paper or electronic) the fee is \$25.00*you will be contacted by phone for credit card

MHC Student ID Number

PERSONAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
PREVIOUS LAST NAME	EMAIL ADDRESS	
DATE OF BIRTH (mm/dd/year)	PHONE NUMBER	

PERMANENT MAILING ADDRESS	
STREET ADDRESS OR BOX NUMBER	
CITY	PROVINCE
POSTAL CODE	COUNTRY (IF OUTSIDE OF CANADA)

PROGRAM INFORMATION	
PROGRAM	MAJOR
COMPLETION DATE	

Student Signature _____

Date: _____

OFFICE USE ONLY	Entered by: _____	Date: _____
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