

	1

## **Parchment Replacement Application**

PLEASE PRINT CLEARLY

1	n	JS	ΓR	110	T	$\mathbf{I}$	NS	F	$\cap \mathbb{R}$	C	$\bigcirc$ N	AD.	$\mathbf{F}$	$\Gamma I C$	7	N

Complete and return this form to the  $\underline{records@mhc.ab.ca}$  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 CANAD	A)			
PROGRAM INFORMATION					
PROGRAM		MAJOR			
COMPLETION DATE					
I certify that the above information is correct to the best of my knowle the Post-secondary Learning Act and Section 33(c) of the Alberta Freet that Act. The information collected will only be used for the purposes the collection, use or disposal of this information should be directed to T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.	dom of Information and Protection of delivery and administration of	n of Privacy Act and will be peducational training and ser	protected under Part 2 of vices. Questions concerning		
Student Signature		Date:			
OFFICE USE ONLY Entered by:		Date:			