

## Parchment (Degree) Re-Issue Order Form

This form is to be completed by the individual who owns the academic record. The replacement fee is **\$50.00.** 

Name as it app	eared on you	ur original degree:			,
Acadia ID Num	ber:	Date o	f Birth Y <u>YYY/MM/DD</u>		
Date of gradua	tion:				
Degree receive	d:				
Reason for Rec	quest				
		l Damaged* 🛛 Name Change* Acadia University	□Other		*
Name as you w	vish it to appe	ear on the new parchment***.			
	ease provide leg	e graduation and you wish to have this gal documentation with the form (i.e. M ent to:			
Mailing address	s:				
	Street				
	City	Province	Postal Code	Country	
	Phone		Email		
$\Box$ I will pick up	the replace	ment.			
□ I grant perm	nission for		to pick up the rep	lacement.	
Signature:				Date:	
Payment Optic	ons:				
•	• •	Acadia University.)			
Name of cardhol	der:	□ MasterCard <sup>®</sup>	American Expr	acc: ®	
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create cara nulli					
Signature of Card	dholder:			Date:	