

# DECLARATION FOR PARCHMENT REPLACEMENT FORM



**Office of the Registrar**

10215-108 Street NW, Edmonton, Alberta, Canada T5J 1L6  
 T 780.644.6000 | Toll-free 1.866.534.7218 | [info@norquest.ca](mailto:info@norquest.ca) | [www.norquest.ca](http://www.norquest.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 NorQuest College parchment since the issuance of the original document. The replacement will bear the signatures of officials in office at the time of reprint.*

**PERSONAL INFORMATION**

STUDENT ID #	LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
<b>Legal Name</b> <i>This is the name which will be inscribed on your parchment. If this is not your name under which you registered at NorQuest College, you must provide evidence of your legal name (e.g. a copy of your birth certificate, marriage certificate or legal name change).</i>			
MAILING ADDRESS – STREET OR BOX NUMBER		CITY/TOWN	DATE OF BIRTH
PROVINCE	POSTAL CODE	COUNTRY	
PROGRAM		PHONE NUMBER - HOME	PHONE NUMBER - CELL

**TYPE OF CREDENTIAL**

	<b>Certificate</b>	<b>Diploma</b>	The Registrarial Service Fee covers the cost of credential replacement.
Standard Processing (5 Business Days)			

**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**

<input type="radio"/> MAIL TO ADDRESS ABOVE <input type="radio"/> MAIL TO ANOTHER ADDRESS <input type="radio"/> PICK UP	NAME/INSTITUTION	ADDRESS, IF DIFFERENT THAN ABOVE
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**Freedom of Information & Protection of Privacy (FOIP) Statement**

*The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33 (c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of processing your request for a duplicate credential. For information about the collection and use of this information, contact the Student Records and FOIP Coordinator at 10215 108 Street NW, Edmonton, AB T5J 1L6, Telephone (780) 644-6000.*

*By signing this request, I understand that misrepresentation or attempts to obtain official documentation under false pretences are serious offences that may result in disciplinary action as outlined in the College's Student Judicial Affairs Policy and/or prosecution under the Criminal Code of Canada.*

STUDENT SIGNATURE *	DATE
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<b>FOR OFFICE USE ONLY</b>		
DATE RECEIVED	RECEIVED VIA	ENTERED BY

\* Signature is not required if submitting this form and supporting documentation via your MyMail account to [enrolment@norquest.ca](mailto:enrolment@norquest.ca).