

# PARCHMENT REPLACEMENT FORM

**MAY TAKE 4 - 6 WEEKS TO PROCESS**

IF THERE IS A CHANGE IN YOUR FAMILY (LAST) NAME, PLEASE SUBMIT A CHANGE OF PERSONAL INFORMATION FORM WITH THE APPROPRIATE OFFICIAL DOCUMENTATION.

## STUDENT INFORMATION

STUDENT ID NO.:	FAMILY (LAST) NAME:	FIRST NAME:	MIDDLE NAME:
FORMER NAME(S) (IF APPLICABLE)	ADDRESS:	CITY/PROVINCE:	POSTAL CODE:
BIRTH DATE: MM _____ DD _____ YY _____	<input type="radio"/> CHECK IF YOU WISH US TO UPDATE YOUR ADDRESS		
HOME PH.:	CELL:	WORK PH.:	EXT.
<p>Note: If this is a name change, the student must provide the Office of the University Registrar with one of the following official Government Issue identification. Valid Drivers license* Provincial ID Card* Valid Passport* Citizen Documentation* *Only current ID will be recognized as valid. Expired ID will not be accepted for a name change. The Office of the University Registrar's office staff member shall verify ID and record the applicable number on the form.</p>			
GRADUATE FROM MACEWAN: <input type="radio"/> YES <input type="radio"/> NO	PROGRAM NAME:		
YEAR(S) ATTENDED:	YEAR GRADUATED:		

**IMPORTANT NOTE: ALL REPLACEMENT PARCHMENTS WILL HAVE THE WORD "REPLACEMENT" PRINTED IN THE LOWER RIGHT HAND CORNER INDICATING THAT IT IS A DUPLICATE AND THE DATE OF RE-ISSUANCE"**

## REASON FOR REPLACEMENT

- NAME CHANGE**  
(original must be returned)
  **STOLEN/LOST**
 **DAMAGED**  
(original must be returned)
  **ALUMNI'S 50TH ANNIVERSARY CAMPAIGN**  
If you received a Grant MacEwan Community College or Grant MacEwan College certificate, diploma or degree credential; celebrate MacEwan's 50th anniversary with an updated credential reflecting MacEwan's current name.
- OTHER:** \_\_\_\_\_  
(please specify)

## PROCESSING INSTRUCTIONS

**PICK UP AT:** (Photo Identification required)

- Office of the University Registrar (Building 7, 7-110)
  SCE Student Support Centre (Allard Hall 11-521)
- MAIL TO MY HOME ADDRESS** (As listed above)

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Signature not required if sent from a student@mymacewan.ca email account*

I AM AWARE THAT MY CREDENTIAL WILL NOT BE RELEASED IF I HAVE NOT CLEARED ANY OUTSTANDING OBLIGATION OWED BY ME TO MACEWAN UNIVERSITY FOR FEES, SUPPLIES, EQUIPMENT, OR RENTALS.

## OFFICE USE ONLY

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SENT BY: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

## PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected under Section.33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of one or all of the following: to determine eligibility for admission and financial assistance, to advise students about academic programs and to provide university services at MacEwan University. Questions concerning this collection should be directed to the Lead, Privacy and Information Management at [privacy@macewan.ca](mailto:privacy@macewan.ca)