



Replacement Parchment Request

Student Name:				
Student Number (it	f known):			
Date of Birth:				
E-mail Address:			-	
Telephone Number	r:			
Degree/Diploma: _				
Date of Graduation	1:		-	
Reason for Request (Mandatory) – You must state why you are requesting a replacement parchment. For example: lost, destroyed, etc.:				
Please choose one	of the following of	options:		
• Parchment to be	picked up at the	Service Centre (N	AcNally Main 108)	
• Parchment to be	mailed to:			
Please return comp (service.centre@sn	·	ayment to the Se	rvice Centre by e-mail	
Service Centre, Enro Saint Mary's Univers Halifax, NS B3H 3C3	sity, 923 Robie Stree	et		
Student Signature:	·	<u>D</u> a	te:	
Fee: \$50.00 plus HS Please allow 6-8 wee	, ,			
	Date received:	<u> </u>	ent received:	



Replacement Parchment Payment Information