



Parchment Replacement Application

PLEASE PRINT CLEARLY

INSTRUCTIONS FOR COMPLETION

Complete and return this form to the Registrar's Office.
 If you have lost your original certificate, diploma or applied degree and are applying for replacement the fee is \$25.00.

| |
|------------------------------|
| 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 CANADA) |

| PROGRAM INFORMATION | |
|---------------------|-------|
| PROGRAM | MAJOR |
| COMPLETION DATE | |

I certify that the above information is correct to the best of my knowledge. The personal information collected on this form and other personal information collected and maintained as part of a student record will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. In signing this form, a student consents to disclosure of personal information to the Medicine Hat College Students' Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

Student Signature _____

Date: _____

| | | |
|------------------------|-------------------|-------------|
| OFFICE USE ONLY | Entered by: _____ | Date: _____ |
|------------------------|-------------------|-------------|