

OFFICE OF THE REGISTRAR

Lost Parchment Declaration

Submit this form if you selected **Option C** on the <u>Replacement Parchment Request</u> stating that your original parchment has been lost, stolen or destroyed.

Only an original completed copy, bearing your signature and the seal and signature of a Notary Public or Commissioner for Oaths, will be accepted. Digital copies or photocopies of this form will not be accepted.

Drop off this form to A 2003, or mail to: Registrar's Office, Memorial University, 230 Elizabeth Avenue, St. John's NL A1C 5S7 Inquiries can be directed to graduation@mun.ca or 709 864 4435.

Declaration

Declaration		
Realizing that my original parchment is a legal document, I understar provided the Registrar's Office with an original copy for destruction. my Replacement Parchment Request form.		
I, hereb	by declare that my original	parchment has been lost, stolen, or destroyed and is no
and is no longer in my possession. Below is a brief explanat	tion of how the parchmen	t was lost or destroyed:
Graduate's Signature		Date (Month/Day/Year)
Student Information		
MUN Student ID Number	Date of Birth (if student ID nu	mber unknown)
Telephone	@mun.ca email	
Personal Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7) and is needed to process your request and determine your eligibility for replacement of your official Memorial University degree, diploma, or certificate parchment. Direct any questions regarding the use of information collected on this form to the Registrar's Office at qraduation@mun.ca .		
For Office Use Only Date received:		
Notary Public or Commissioner for Oaths		
Complete the information below and affix seal/stamp		
Name (Print Clearly)		
Street Address		
City, Province/State, Postal/Zip Code, Country		
Signature		Date (Month/Day/Year)