



OFFICE OF THE REGISTRAR

## Request for Certified Copy of Parchment

Only one request per parchment to be copied. Complete another request form if you wish to have another parchment copied. You must submit the original graduation parchment to process this request. Photocopies or scanned copies are not accepted. With the original parchment included, drop off this form at A 2003 or mail to: Registrar's Office, Memorial University, 230 Elizabeth Avenue, St. John's NL A1C 5S7

**Processing Time:** Depending on request, processing times can vary.

**Fee:** \$10 per copy

Inquiries can be directed to [graduation@mun.ca](mailto:graduation@mun.ca) or 709 864 8265.

### Student Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Telephone	@mun.ca email	

Degree/Diploma/Certificate being copied (e.g. MA, B.Sc., Dip. in Bus., Cert. in Crim.)

### Number of Copies Required

Only one request per parchment to be copied (\$10 per copy):

### Delivery Options

Choose one of the following:

- Pick Up** (Photo ID will be required. If someone else will pick up your parchment, name that person as the Recipient below.)
- Mail** (A complete delivery address is required. Provide details in the fields below.)

Recipient Name	Recipient Telephone (required if shipping outside of Canada / U.S.)
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Address (P.O. Box numbers are not acceptable for addresses if you're requesting shipping outside Canada or the USA)

City, Province/State, Postal/Zip Code, Country

### Authorization

Graduate's Signature	Date (Month/Day/Year)
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**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). It is needed for, and will be used to update, your student record. If you have questions about the collection and use of this information, contact the Associate Registrar, Registration and Enrolment Services at 709 864 8260.

### Method of Payment

Memorial University offers students a variety of payment methods. Each method is described in detail by [Financial and Administrative Services](#). Questions regarding methods of payment should be directed to [cashiers@mun.ca](mailto:cashiers@mun.ca).

Credit Card (choose one):	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Number	Expiry Date (MM/YYYY)
Name on Card	Signature

### For Office Use Only

FOAPAL: 100001 46201 51952 4102

\_\_\_\_\_ of copies requested at \$10 a copy = \$ \_\_\_\_\_

Cashier's Stamp