

PARCHMENT REPLACEMENT REQUEST



Please include a copy of one piece of government issued photo ID

FEE: \$ 25 Payment must accompany this form
MAILED: additional fee - **\$15** (registered mail)

Office of the Registrar

Email: graduation@ufv.ca
Questions (?): 1.888.823.8734
Fax: 604.853.0138

Please note: Parchments can take up to six weeks to process.
 If you require proof of graduation immediately, you can request an official transcript (form available at www.ufv.ca/admissions/forms)

P E R S O N A L	UFV student number		Student's full legal name		
	Birthdate Y Y Y Y M M M D D		Former surname (if applicable)		
	Daytime telephone number		Email address		
	Please send all my UFV mail to the following address, effective: Y Y Y Y M M M D D		Mailing Address (street number, street)		
	City or Town		Province	Country	Postal Code

C R E D E N T I A L S	Program:		<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	Date completed:
			<input type="checkbox"/> Degree	<input type="checkbox"/> Associate Degree	Y Y Y Y M M M
	Specify other options, if applicable (co-op, majors, extended minors, minors, options, specializations):				
Name: (Please print your name EXACTLY as you wish it to appear on your parchment; documentation must accompany this application for any changes in your name - https://www.ufv.ca/media/assets/admissions/forms/Personal-Information-Change-Form.pdf)					
<input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> CAMPUS PICK UP <input type="checkbox"/> Abbotsford <input type="checkbox"/> Mission <input type="checkbox"/> Chilliwack <input type="checkbox"/> Hope					

D E C L A R A T I O N	An official parchment is a legal document and as such will not be produced except upon the written request of the student. If the original parchment contains an error, the parchment must be returned to the Records and Graduation office before the reprinted parchment will be released.	
	By signing this request I understand that misrepresentation or any attempt to obtain official documentation under false pretense is a serious offence. To the best of my knowledge, all information contained herein is true and correct.	
	Signature	Date Y Y Y Y M M M D D

Payment date	Delivery method	<small>FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or reginfo@ufv.ca</small>
Processed date	Duplicate	

<input type="checkbox"/> Visa	<input type="checkbox"/> Debit	<input type="checkbox"/> Cash	Card number	Expiry date
<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Cheque		