

Degree or Diploma Parchment Replacement Request Form

Personal Information:			
Last Name (include former):		First/Middle Name:	
Student Number/ Program of Study:		Date of Birth:	
Email Address:		Phone Number:	

- A certified copy of a parchment will not be issued until all financial obligations to the University have been cleared.
- Student records are confidential; replacement parchments can only be requested by student who owns the record. A third party cannot sign on your behalf and these requests will not be processed. An original or digital/electronic signature must accompany the request.
- Completed forms can be submitted by
 - Fax: 902-867-5458,
 - Scan to email: registr@stfx.ca, or
 - Mail: Office of the Registrar, St. Francis Xavier University, 2329 Notre Dame Ave, Antigonish, Nova Scotia, B2G 2W5

Parchment Requested – Please select from the following options		
	1	Latin
	1	Mi'kmaw (No fee for first issuance of parchment; supplemental requests will be subject to applicable fees)

Processing Time and Cost – Please select one		
	\$50.00	Regular Processing: 5 - 7 business days from date received
	\$65.00	Same Day Processing: Same business day if received by 10am.

Delivery Method - Please select one		Additional Fees
	Hold for Pick Up. Photo ID required.	No additional fee
	Regular Mail (Canada Post – No tracking available) – Provide mailing address below.	No additional fee
	Send by Expresspost (Trackable; available within Canada only) – Provide mailing address below.	\$10.00 within Canada
	Send by Courier (Trackable) – Provide civic mailing address and phone number below.	\$20.00 within Canada \$30.00 for US \$50.00 for International
	Send by Fax – Provide contact name and fax number below.	\$2.00

Recipient Information:			
Name:			
Address:			
Phone Number:		Fax Number:	

Signature of Graduate:		Date:	
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Please provide payment information below.

If paying by credit card, your credit card information will be destroyed once payment has been processed.

Payment Information:			
	Debit Card (In-person only)		Cheque
	Credit Card	VISA MasterCard American Express	
	Credit Card Number:		Expiry Date:
	Card Holder Signature:		