

Request for Replacement Parchment

Please print clearly and complete all areas below.

Important notices:

- Send request for undergraduate and graduate (Fredericton and Saint John) replacement parchment to the Registrar's Office (Fredericton campus) by email (registrar@unb.ca), by mail (3 Bailey Drive, Fredericton, NB, E3B 5A3) or in person.
- A completed form and fees are required before parchment is processed. The cost per replacement is \$50 plus any additional mailing costs (if applicable). Please refer to the "What should we do with your order" section.
- Normal processing time is 6 weeks. An e-mail will be sent to you when your request is completed.
- Replacement parchment will bear the signature of the current President, Secretariat, Registrar and Dean, as well as a "Parchment Reprint" stamped on the back of the parchment with the date of the reprint.

Name:	UI	NB Student ID Number:	
Phone:	E-mail:		
Complete the section b	elow to order a replaceme	nt parchment.	
Replacement Parchme	nt – one replacement parc	hment will be issued, please	select diploma type:
Certificate	Bachelors	Master's	PhD
Select which option is a Original parchn	pplicable: nent was lost, damaged or	destroyed. *	
or birth certifica Chosen Name (te.	ial documentation, such as a	a passport, marriage certificate
*A statutory ded		Yes No pleted for a replacement page 2.	
	your order? Select one. at the Fredericton Registra	ır's Office (1 piece of identifi	cation required for release).
Mail to the follo	wing address.		
Send by courier	(additional courier charge	s: \$30 within Canada, \$55 in	ternational).
Mailing address: Street		City	
		_	_Postal Code/Zip
Program Completion In	formation:		
Year Completed	Certificate/[Diploma/Degree Granted	
wish to have my studer	t record updated with my	current address provide abo	ove. Yes No
Payment Information			
Total Amount \$			
Registrar's Office Paym	ent Options https://www.u	nb.ca/fredericton/registrar/	students/registrar.html



Statutory Declaration

Justification for Replacement Parchment

riease print I,	, of the City ofin		
the Province of	do solemnly declare that:		
My legal name: a. Is as shown above OR b. Is			
 My name on University of New Brunswick a. Was as shown above OR b. Was 			
3. I am unable to return the parchment ori Brunswick because it has been: Lost Damaged Destroyed	ginally issued to me by the University of New		
In the following circumstances:			
having graduated with the degree of	of a replacement parchment certifying my status asin the year (forin the year (
	Declared before me in the City of _		
Signature of Declarant	in the Province of		
Address of Declarant:	thisday of, 20 .		
	Signature of Commissioner of Oaths/Notary Public		
Telephone Number:	Name of Commissioner of Oaths/Notary Public (please print)		
	Please affix stamp or seal if applicable		