# *REQUEST FOR REPLACEMENT PARCHMENT*

***A $25 fee for each replacement parchment must accompany this form***

***This form can be faxed to 709-643-7959 or e-mailed to registrar@cna.nl.ca.***
***Requestors will be called for credit card details for payment.***

SURNAME:_____ GIVEN NAME:_____

MAIDEN NAME (if applicable):_____

STUDENT NUMBER:_____ DATE OF BIRTH: _____YY_____MM_____DD

MAILING ADDRESS:_____

TOWN/PROV:_____ POSTAL CODE:_____

TELEPHONE NUMBER:_____

NAME OF PROGRAM TAKEN:_____

CAMPUS:_____

YEARS ATTENDED: STARTED _____ ENDED _____

HOW DO YOU WISH TO RECEIVE YOUR PARCHMENT?

❒ MAILED TO ADDRESS INDICATED ABOVE

❒ BY MAIL TO THIS ADDRESS: _____

_____

❒ I am returning the original parchment ❒ I am not returning the original parchment

By signing below, I solemnly declare and affirm that, as of the date of my signature, no copies of my original parchment remain in my custody or within my control. I understand that it is illegal to use a CNA parchment or a copy thereof to misrepresent the qualifications, training, and education of either myself or another person. I also understand that if I violate this declaration, I shall be subject to disciplinary measures and that this matter will be referred to the proper legal authorities for possible criminal prosecution. I make this declaration freely and solemnly as if it were made under oath.

*College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process this replacement parchment request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.*

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

_____ _____

SIGNATURE DATE

**FOR OFFICE USE ONLY**

**Receipt #:_____ Date Replacement Parchment Sent:_____**