

Degree/Diploma Replacement or Duplicate Copy Request Form

1. An administrative fee of \$35.00 is to be submitted along with this request. This must be received before processing of this request begins. Payment acceptable by cheque, money order, cash or credit card (Visa or MasterCard). For credit card payment, the request form **MUST** be submitted in person, by mail, or fax at 519-884-8826.
2. If you wish to have your name changed on your degree (marriage, divorce, adoption, etc.) we must receive a copy of the legal document.
3. If you still have in your possession your degree, you must return the original copy of the degree along with your request. If the original degree is not returned to Laurier, we must then receive written confirmation on letterhead with the official seal of a Notary Public stating that you have lost/misplaced your original degree/diploma. If this documentation is not received, your degree/diploma will be re-printed with **"Duplicate Copy"** printed on the parchment. Your degree/diploma is a legal document and therefore you may possess only one original parchment.
4. Please allow a minimum of two to three weeks for processing (longer during Convocation periods in May/June and October).
5. Your degree/diploma will be sent by courier to the address indicated below (overseas, U.S.A., outside Ontario and rural delivery will be sent via registered mail).

Legal Name (to appear on degree/diploma): _____

I. D. Number: _____

Date of Birth: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Telephone #: _____ Email Address: _____

Degree Conferred: _____ Graduation Date: _____

Size of Degree Preferred (indicate with a ✓) 8½" x 11" 11" x 14"

(Credit Card Payment on next page)

CREDIT CARD PAYMENT

Visa MasterCard

CREDIT CARD NUMBER: _____

EXPIRY DATE: ____ / ____

Name on Card: _____

Signature of Cardholder: _____

Personal information is collected under the authority of the Wilfrid Laurier University Act and privacy policies to administer the university-student relationship. For more information about how your information is used, collected and shared, please visit wlu.ca/privacy.

Student Signature _____

Date Signed _____