

# Langara.

THE COLLEGE OF HIGHER LEARNING.

## REGISTRAR & ENROLMENT SERVICES

100 WEST 49TH AVENUE  
VANCOUVER, B.C., V5Y 2Z6  
TEL: (604)323-5241 FAX: (604)323-5590  
WEBSITE: [www.langara.bc.ca](http://www.langara.bc.ca)

# REQUEST FOR A PARCHMENT REPLACEMENT (REGULAR STUDIES)

LAST NAME:	LANGARA ID (if known):
FIRST NAME:	DATE OF BIRTH (if Langara ID not known): M D Y
ADDRESS:	TELEPHONE NO.:
CITY: POSTAL CODE:	NAME OF CREDENTIAL AWARDED:
E-MAIL ADDRESS:	YEAR OF GRADUATION:
<b>INSTRUCTIONS:</b> Pick up <input type="checkbox"/> By reguar mail (no charge) <input type="checkbox"/> By registered mail <input type="checkbox"/> - within Canada \$6.00 <input type="checkbox"/> - outside Canada \$15.00 <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to following address <input type="checkbox"/>	PROCESSING TIME: 5 business days.
Reason for ordering the credential replacement: (this section must be completed)	DATE ORDERED: _____
	FEES: \$38.00
	MAILING FEE: (if applicable) : _____
	PAYMENT METHOD: (check one)
	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
	Name on the card: _____
	Card #: _____ Expiry: _____
	Student Signature: _____
	<b>OFFICE USE ONLY:</b>
	Amount paid/charged: _____
	Processed by: _____ Date: _____