



Registrar's Office
1407 14 Avenue NW Calgary, AB T2N 4R3
Tel: 403.284.7634 Fax: 403.284.7644
Return completed form to: Cashier@auarts.ca

Request for Parchment Replacement or Additional Copy

The awarding of a credential is noted on the academic transcript and is evidenced by the parchment. The original parchment is provided during the Convocation Ceremony or mailed to the graduate after the Ceremony in the Spring. Additional copies and replacement parchments are available upon request by the individual named on the credential by using this form.

Student Information

Student ID:	Student last name:	Student first (or chosen) name:	
Street / Box address:	City:	Province:	Postal code
Country:	Email Address:	Phone:	

Credential Details

Please indicate the credential and year the original parchment was awarded

☐ BDesign ☐ BFA ☐ MFA ☐ Diploma ☐ Certificate in Artstream _____ Year

Choose one of the following

- ☐ Please send me a copy of my original parchment.
- ☐ I would like to replace my original parchment with a new one because my legal name has changed. Enclosed:
☐ Copy of original parchment. ☐ Documentation to support name change e.g. copy of drivers license or marriage certificate.
- ☐ I would like to replace my original parchment because I graduated with a BFA in Visual Communications Design and would like it to be replaced with a Bachelor of Design. (Academic Calendar – Awarding of Credentials). Enclosed:
☐ Copy of original parchment.

☐ Submit the application processing fee: \$121.05

☐ I will pick up the parchment at the AUArts campus. ☐ Please mail the parchment to my address above.

Email alumni@auarts.ca if you would like to receive alumni information.

Applicant's signature:	Date:
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Office Use Only

Charge added to student account <input type="checkbox"/>	Date & Initials	Payment received on student account <input type="checkbox"/>	Date & Initials	Replacement / Copy Printed:	Date & Initials
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Registrar's Office || Issue Date: July 2025

Protection of Privacy – The personal information collected through this form is for processing your request to disclose the personal information to the authorized individual/office/program. This collection is authorized by section 4 (c) of the Protection of Privacy Act. For questions about the collection of personal information, contact registrar@auarts.ca, Tel: 403.284.7634 or the University Secretary at access.privacy@auarts.ca.