



STUDENT INFORMATION

Last name (used while at BU)

First Name

Middle

Student Number

DOB: mm/dd/yyyy

Email

Phone

Year of Graduation:

REASON FOR REPLACEMENT

(Check all that apply)

Damaged (attached original diploma)

Destroyed or lost (complete affidavit below)

Other (provide details): _____

DELIVERY INSTRUCTIONS

I will pick up my diploma; contact me when available at: _____

Mail replacement to: _____

Address

City

Province

Postal Code

Country

AFFIDAVIT OF LOSS OR DESTRUCTION

I hereby swear that to the best of my knowledge and belief, my diploma was lost or completely destroyed. In the event the original diploma should ever be recovered, I agree to return the replacement to the University without reimbursement.

Student Signature

Signature and seal of Notary

Replacement Fee Enclosed (\$56.95); Check or Money Order made payable to Bishop's University.

Student Signature: **X** _____ Date: _____

For Office Use Only:

Degree: _____

Honours: Y / N

Graduation Date (mm/dd/yyyy): _____

Revised: 02/10/2022