

DUPLICATE or REPLACEMENT DIPLOMA

The fee per diploma is \$45. If you are requesting a **replacement** diploma you must return your original diploma or have page 2 of this document (Statutory Declaration) signed by a notary before a replacement diploma will be issued. **Duplicate** diplomas will have the word 'Duplicate' above the institutional crest.

What are you requesting: **REPLACEMENT diploma** **DUPLICATE diploma**

If replacing your diploma, which of the following will you be providing:

Enclosing original diploma: Statutory Declaration:

PERSONAL INFORMATION

Please PRINT your full name below (in upper- and lower-case) as it appeared on your original diploma:

Given Name _____

Surname _____

Surname at last attendance: _____

Graduation date: ____/____/____
DD MM YY

Birth Date: ____/____/____
DD MM YY

DELIVERY/PICK-UP INFORMATION

I will pick up my diploma: Yes No

Please mail my diploma: Yes No

Address _____

PAYMENT INFORMATION (All orders must be pre-paid)

Credit Card # _____ Exp. Date _____ CVV Code: _____
(MasterCard, Visa or AMEX)

Signature: _____

No. of diplomas requested: _____ x \$45.00 = _____

Mailing Charge _____ x no. of mailing addresses = _____
 (\$20 in Canada, \$30 in the USA, \$60 International)

TOTAL: _____

AUTHORIZATION

I hereby certify that all the above statements are correct and complete

Signature _____

Date _____

Email _____

Phone Number _____

Please FAX your completed form to 416-646-1114, or EMAIL to: studentserv@cmcc.ca

Statutory Declaration Justification for Replacement Diploma

I, _____

of the City of _____ in the Province of _____

do solemnly declare

1. That my true and legal name is shown above.
2. That my name on the Canadian Memorial Chiropractic College records was as shown above or was

3. That I am unable to return the diploma originally issued to me by the Canadian Memorial Chiropractic College because it has been lost, damaged or destroyed.
4. That I make this declaration for the purpose of identifying myself to the Canadian Memorial Chiropractic College and to qualify for the issuance of a replacement diploma certifying my status as having graduated with the designation of:

_____ Year _____

Declared before me at the City of _____

in the Province of _____

this _____ day of _____, 20 _____

Signature of Notary

Signature of Declarant

AFFIX OFFICIAL STAMP