

## Office of the Registrar

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Student #																			
Last Name					Telephone #				-				-						
First Name						E-mail (required)													
Date of Birth (if student number unknown)				☐ I am returning the original document (i.e. degree, international transcript) along with this form.															
Student's Signature (required)				Date		. ,		<u> </u>											
Document seeking True Copy of:					l														

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## **INSTRUCTIONS:**

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□ Pick Up						
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Payment is required with this form. In-per Mailed in payments can be made via cheque Payment Card Industry Security Standards, v	ie or money order paya	able to the University of	Northern British Columbia. Due to			

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Revised: April 2017