

Declaration of Loss Original Credential



Enrolment Services
805 TRU Way
Kamloops, BC V2C 0C8
Phone: 250-828-5036
admissions@tru.ca
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In The Matter of a Request to Enrolment Services for a Replacement Of Credential

I, _____
(Full Legal Name)

of _____ in the Province of _____
(City/Town) (Province)

Do solemnly declare that:

I was awarded the Credential of _____
in the year _____ by Thompson Rivers University.

The original Credential was: Not picked up Lost Destroyed

Due to the following circumstances (attach a page if necessary): _____

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant: _____ Date Declared: _____