

# General Request Form

## Personal Information

Mr  Mrs  Ms      OEN (if known) \_\_\_\_\_ Student # \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_  
 Previous Last Name \_\_\_\_\_ Date of Birth (Y/M/D) \_\_\_\_\_  
 Apt. No., Street Name & Number \_\_\_\_\_ City \_\_\_\_\_  
 Province or Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Alternate Tel. No. \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

## Document

Name to appear on document \_\_\_\_\_

Affirmation \$20 ea  
 Course Name \_\_\_\_\_ Year \_\_\_\_\_

Statement of Participation \$20 ea  
 Course Name \_\_\_\_\_ Year \_\_\_\_\_

Replacement Diploma/Certificate \$35 ea  
 Program Name \_\_\_\_\_ Year \_\_\_\_\_

Duplicate Income Tax Receipt/T2202A \$25 Taxation Year(s) \_\_\_\_\_

Duplicate Confirmation of Registration (CE only) \$18 ea Taxation Year(s) \_\_\_\_\_

## Delivery Instructions

Mail to above address  Will pick up  Call me at \_\_\_\_\_ when ready.  
 Release requested document for pick up to: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Method of Payment

Cash (in person only)  Debit Card  
 Money Order (payable to Conestoga College)  
 VISA  MasterCard  American Express  
 Credit Card Information (Credit card will not be billed until registration accepted)  
 Credit Card Expiry Date    Month \_\_\_\_\_ Year \_\_\_\_\_

Credit Card Number 

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Cardholder's Name 

First Name	Surname
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Cardholder's Signature \_\_\_\_\_

### Send to:

Conestoga College, Student Records Office  
 299 Doon Valley Dr., Kitchener, ON N2G 4M4  
**Fax 519-895-1097** Tel. 519-748-5220  
 TTY: 866-463-4454 (for the hearing impaired)

**Freedom of Information** The personal information collected on this form is used for administrative purposes of the Registrar's Office under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

<b>Office Use Only</b>	Date _____	Charge _____
Receipt No. _____	Clerk Initial _____	