

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

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).

Office Use Only	Date _____	Charge _____
Receipt No. _____	Clerk Initial _____	