CONESTOGA
Connect Life and Learning

Conestoga College Institute of Technology and Advanced Learning
Registrar's Office
299 Doon Valley Dr.
Kitchener, Ontario N2G 4M4
Tel. 519-748-5220 Fax 519-895-1097
TTY: 866-463-4484 (for the hearing impared)

Fee $18 (tax included)

Please allow 24 - 48 hours for processing.

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 _____

Completion of Letters
Office of the Registrar

Personal Information

OEN: _____

❒ Mr
❒ Mrs
❒ Ms

Last Name	First Name	Second Name	Student #
Previous Last Name	Date of Birth (Y/M/D)	OEN Number (if known)	
Apt. No.	Street Name & Number		City
Province or Country	Postal Code	Tel. No.	Alternate Tel. No.
E-mail		Fax No.	

Letter to Attention of (if applicable): _____

Reason for Letter: _____

Date Required: _____

Delivery Instructions

❒ Mail to above address ❒ Mail to return address on form ❒ Pick Up ❒ Fax to _____

❒ Release requested letter for pick up to: _____

Requests will not be prepared if any fees are owing to the College.

Method of Payment

Total fee payable $18. **Without payment, this request cannot be processed.**

❒ Cash (in person only) ❒ Debit Card (in person only)

❒ Cheque or ❒ Money Order (payable to Conestoga College. Conestoga does not accept post-dated cheques.)

❒ VISA ❒ MasterCard ❒ American Express

Credit Card Information

Credit Card Expiry Date Month ____ Year ____

Credit Card Number | | | | | | | | | | | | | | | | |

Cardholder's Name First Name | Surname

Cardholder's Signature _____

Student Signature: _____ **Date:** _____