

Completion of Letters

Once completed 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)

Personal Information (Please print):

Mr. Mrs. Ms. OEN (if known): _____ Student Number: _____

Legal Last Name _____ Legal First Name _____ Second Name _____

Previous Last Name _____ Date of Birth (Y/M/D): _____

Apt. Number: _____ Street Name and Number: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Tel. Number: _____ Alternate Tel. Number: _____

Email: _____ Fax Number: _____

Letter:

Letter to Attention of (if applicable): _____

Reason for Letter: _____

Date Required: _____

Delivery Instructions:

Mail to above address Will pick up Call me at _____ when ready.

Release requested document for pick up to: _____

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).

Student Signature: _____ **Date:** _____

Method of Payment: Fee for service is \$18.00 (cheques are not accepted)

Debit Card (in person only)

Money Order (payable to Conestoga College)

VISA

MasterCard

AmericanExpress

Credit Card Information (Credit card will not be billed until registration accepted):

Credit Card Expiry Date: Month _____ Year _____ Credit Card Number: _____

Cardholder's Name: Last Name: _____ First Name: _____

Cardholder's Signature: _____

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