CONESTOGA

Request for Transcript

RO 430 04/2013

Note: Transcripts required to support an OCAS or OUAC application to a program at an Ontario college or university must be requested as part of the application process. Please refer to the appropriate website for more information.

❒ Mr ❒ Mrs ❒ Ms _____ OEN # _____ Student # _____

Last Name _____ First Name _____ Second Name _____

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

Apt. #, Street # and Name _____ City _____

Province or Country _____ Postal Code _____ Tel. No. _____

Alternate Tel. No. _____ Email _____ Fax No. _____

Program(s) Course(s) Attended (If additional space is required please attach a separate piece of paper)

Program/Course _____ Date _____ Campus _____

2. _____ _____ _____

3. _____ _____ _____

Number of copies requested: ❒ Send immediately ❒ Hold and send at end of current semester (grades available 6 weeks after end of each semester)

❒ Send to following address(s): (include names and addresses)

1. _____ 2. _____ 3. _____

_____ _____ _____

_____ _____ _____

❒ Send to Self ❒ Will pick up / Please call _____ when ready.

❒ Release requested transcript for pick-up to: _____

Student Signature _____ Date _____

Notes:
- If you have outstanding tuition, residence or incidental fees, your transcript will not be issued until these fees are paid.
- Allow 5 working days for the processing and mailing of a transcript after receipt of this request with fee.
- Course outlines/descriptions are not included with the transcript.

Method Of Payment

Fee payable $12 per copy(tax included). Transcript will not be processed without payment.

❒ Debit Card

❒ Cheque or ❒ Money Order (payable to Conestoga College, post-dated cheques not accepted)

❒ 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 | | | | | | | | | | | | | | | | |

Cardholder's Name | First Name | Surname |

Cardholder's Signature _____

Send to:

Conestoga College, Student Records Office
299 Doon Valley Dr., Kitchener, Ontario 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 _____