

General Request Form

RO 425 10/2021

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 \$25 ea
 Course Name _____ Year _____
 Statement of Participation \$25 ea
 Course Name _____ Year _____
 Replacement Diploma/Certificate \$40 ea
 Program Name _____ Year _____
 Duplicate Income Tax Receipt/T2202 \$30 Taxation Year(s) _____
 Duplicate Confirmation of Registration (CE only) \$18 ea Taxation Year(s) _____

Note: the document will be mailed to the address provided above.

Student Signature _____ **Date** _____
Method of Payment _____ YY / MM / DD

VISA MasterCard American Express
 Credit Card Information (Credit card will not be billed until registration accepted)
 Credit Card Expiry Date _____ Month and year _____ CVV _____
 Credit Card Number _____
 Cardholder's Name _____ First Name _____ Last Name _____
 Cardholder's Signature _____

Send to:

Conestoga College, Student Records Office 299
 Doon Valley Dr.,
 Kitchener, ON N2G 4M4
 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 _____