



# Completion of Letters

## Office of the Registrar

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

Fee \$15 (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 \_\_\_\_\_

### Personal Information

Mr \_\_\_\_\_  
 Mrs \_\_\_\_\_  
 Ms \_\_\_\_\_

Last Name	First Name	Second Name	Student #
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.
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 \_\_\_\_\_

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

### Method of Payment

Total fee payable \$15. **Without payment, this request cannot be processed.**

Cash (in person only)     Debit Card (in person only)  
 Cheque or  Money Order (payable to Conestoga College, we do not accept post-dated cheques)  
 VISA     MasterCard     American Express

#### Credit Card Information

Credit Card Expiry Date    Month \_\_\_\_\_    Year \_\_\_\_\_

Credit Card Number   

Cardholder's Name   

Cardholder's Signature \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_