



CONESTOGA
Connect Life and Learning

Conestoga College Institute of
Technology and Advanced Learning
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Office Use Only

Date _____

Charge _____

Receipt No. _____

Clerk Initial _____

RO 425
2011/08

General Request Form

Personal Information

Mr
 Mrs Last Name _____ First Name _____ Second Name _____ Student # _____
 Ms 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. _____

Document

Name to appear on Document _____

Affirmation \$15 ea
Course Name _____ Year _____

Statement of Participation \$15 ea
Course Name _____ Year _____

Replacement Diploma/Certificate \$30 ea
Program Name _____ Year _____

Duplicate Income Tax Receipt/T2202A \$20 Taxation Year(s) _____

Duplicate Confirmation of Registration (CE only) \$15 ea Taxation Year(s) _____

Delivery Instructions

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

Method of Payment **Note: Fees include tax**

Total fee payable \$ _____ 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 First Name _____ Surname _____

Cardholder's Signature _____

Student Signature _____ **Date** _____