



**CONESTOGA**  
Connect Life and Learning

Conestoga College Institute of  
Technology and Advanced Learning  
Records Office  
299 Doon Valley Dr.  
Kitchener, Ontario N2G 4M4  
Tel. 519-748-5220 Fax 519-895-1097

- **Transcript Fee: \$10.00 per copy** (tax included)
- **Transcript will not be processed without payment.**
- If you have outstanding tuition, residence or incidental fees, your transcript will not be issued until these fees are paid.
- Allow 10 working days or 2 weeks for the processing and mailing of a transcript after receipt of this request with fee.
- Course outlines/descriptions are not included with the transcript.

**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).

# Request for Transcript

**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.

## Section A - Personal Information

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

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. \_\_\_\_\_

## Program(s) Course(s) Attended:

(If additional space is required please attach a separate piece of paper)

Program/Course	Date	Campus
1. _____	_____	_____
2. _____	_____	_____

Number of copies requested: \_\_\_\_\_

**Send Immediately**  
 **Hold and send at end of current semester**  
 (Grades are available 6 weeks after end of each semester)

Send to following address(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send to Self       Will pick up / Please call \_\_\_\_\_ when ready.  
 Release requested transcript for pick-up to: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section D - Method of Payment

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

- Debit Card     Cheque    or  
 Money Order (payable to Conestoga College, we do not accept post-dated cheques)  
 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 \_\_\_\_\_

### Office Use Only

Date \_\_\_\_\_

Charge \_\_\_\_\_

Receipt No. \_\_\_\_\_

Staff Initial \_\_\_\_\_