



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 are 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 (**in person only**)
 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 _____	