



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):

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.

- Cash (in person only)    Debit Card  
 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   

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Cardholder's Name   

First Name	Surname
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**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).

<b>Office Use Only</b>	Date _____	Charge _____
Receipt No. _____	Clerk Initial _____	