

PLEASE PRINT CLEARLY

Student Name _____ Student Number _____ Birthdate (MM/DD/YY) _____

Mailing Address _____ City _____ Province _____ Postal Code _____

Email Address _____ Telephone _____

Please check one

- ☐ I will pick up my document in the Registration Office (1C15).
- ☐ I am designating _____ to pick up my document in the Registration Office.
- ☐ Please send to the following Email address: _____
- ☐ Please mail my document:
- ☐ to the Address listed above ☐ directly to the institution below

Institution _____ Attention _____

Email _____ Telephone _____

Address _____ City _____ Province _____ Postal Code _____

How would you like us to mail your documents? Please choose one:

- ☐ Regular mail (free) ☐ UPS - within Canada (\$20*) ☐ UPS - International (\$35*)
- *Fees are subject to change without notice

Additional instructions / Comments:

Type of Document Requested:	Total	Year	Session (Winter, Spring, Fall)
Letter of Enrollment..... Number of copies..... @ \$30.00 each.....	_____	_____	_____
Letter of Acceptance..... Number of copies..... @ \$30.00 each.....	_____	_____	_____
Transcript..... First copy..... @ \$30.00 each.....	_____	_____	_____
Additional copies..... @ \$5.00 each.....	_____	_____	_____
Certificate..... Number of copies..... @ \$75.00 each.....	_____	_____	_____
Computer Username Password letter..... Number of copies..... @ \$30.00 each.....	_____	_____	_____

Card type: **VISA** **Mastercard**

Credit Card Number _____ Expiry Date _____

Cardholder's Name _____ Signature _____

Please note:

1. All fees must be paid in full before request can be processed.
2. Please allow 3-5 business days for processing.
3. Be prepared to present your photo ID to the Registration Staff. The person picking up the document on your behalf must present a photo ID to the Registration Staff.

For Office use only:

Rct # _____
Date _____
Staff _____