



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:

Table with 4 columns: Type of Document Requested, Total, Year, Session (Winter, Spring, Fall). Rows include Letter of Enrollment, Letter of Acceptance, Transcript, Certificate, Computer Username Password Letter.

Card No. 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