



T2202A DUPLICATE REQUEST FORM

Student Number:

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Full Name and Address (please print clearly)

Name:	
Street:	
City:	
Province:	Postal Code:
Current Telephone:	

Tax Year(s): _____ **Number of copies required:** _____ (\$15.00 per copy)

Please select option(s):

- Mail to the above address *(will be mailed in seven (7) days)*
- Fax to: _____ *(\$5.00 charge for faxing)*
- or will pick up after seven (7) days at the Registration Centre

Payment information:

Amount Due: \$	Cashier's Stamp:
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD	
Card No.:	
Expiry Date:	
Name on Card:	

Dated: _____ **Student's Signature** _____

T2202A forms will be released only upon presentation of appropriate identification, letter of permission or the following authorization:

I hereby authorize _____ to pick up my T2202A.

FOR OFFICE USE ONLY	
Date Issued:	Issued By:
Copies to: <input type="checkbox"/> Student <input type="checkbox"/> Records Dept <input type="checkbox"/> Accounting	