



T2202A TAX RECEIPT 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:** _____ (\$36.00 per copy)

Please select option(s):

- Mail to the above address *(will be mailed in seven (7) days. \$7.40 charge for faxing)*
- Fax to: _____
- Hold for pick up at the Registration Centre after 7 days

Payment information:

A representative from the Cashier's Office will call you for payment information. Do not submit credit card information on this form or by email.

Please fill out this form and submit in person to the cashier or by email to records@viu.ca for processing.

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

T2202A forms will be released only upon presentation of appropriate identification, a 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 <input type="checkbox"/> Accounting	