



Tel. (514) 848-3600 Fax. (514) 848-2806

E-mail: cce@concordia.ca

LETTER OF ATTESTATION REQUEST FORM

Fee: \$15 per Letter of Attestation
Processed within 5 working days after receipt

Student Information (Please Print)

Last Name: _____

First Name _____

Address: _____

Email: _____

Student I.D.: _____

Date of Birth _____
YYYY-MM-DD

Telephone: _____

Last term you studied: _____

Area of study: _____

Number of copies: _____

Mail the letter to the address above

Signature: _____

Date: _____

Indicate the purpose of this Letter of Attestation:

Students who have an outstanding balance with the University will not receive their transcript(s) until their account is cleared

Processed: _____