



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

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**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: \_\_\_\_\_

**I will pick up the letter**

**Mail the letter to the address above**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Indicate the purpose of this Letter of Attestation:**

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<b>PAYMENT METHOD</b> <i>accepted</i>		<i>(Cash and Personal Cheques are <b>NOT</b></i>		<b>AMOUNT :</b>	
<input type="checkbox"/> <i>(in person only)</i>	<input type="checkbox"/> <i>(Payable to Concordia University)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREDIT CARD NUMBER				EXPIRY DATE (MONTH/YEAR)	
DATE	NAME AS IT APPEARS ON THE CREDIT CARD	CARDHOLDER'S SIGNATURE			

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

**Processed:** \_\_\_\_\_