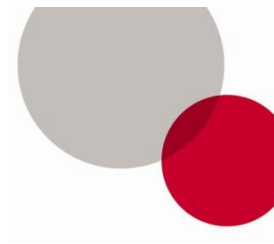# IELTS™

Application for the Issue of Additional TRFs

1   Family Name: _____

2   Dr   Mr   Mrs   Miss   Ms

3   Other name/s: _____

(These names must be the same as the names on your national identity document / passport.)

4   Address for correspondence: _____

_____

_____

_____

5   Tel. No: _____   Mobile No: _____

6   Email: _____

7   Date of Birth: /   /   (day / month / year)

8   ID Type: Passport   National ID Card

ID Document Number: _____   (This document must be shown before a TRF can be issued.)

9

Centre Number: **CA501**   Candidate Number: _____

Date: /   /   (day / month / year)

Centre Name: | **Concordia Language Test Centre** |

10   Please give details below of where you would like your results sent to:

a   Name of Person / Department: _____

Name of College / University / Organisation: _____

Address: _____

_____

b   Name of Person / Department: _____

Name of College / University / Institution: _____

Address: _____

_____

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my TRF to the department/s or institution/s listed above.

Signature: _____   Date: /   /   (day / month / year)

UNIVERSITÉ **Concordia** UNIVERSITY

CENTRE FOR CONTINUING EDUCATION

IELTS™

Application for the Issue of Additional TRF
Requests will be processed within 5 working days

Tel. (514) 848-2424 ext. 3609
Language.test@concordia.ca

Information (As it appears on Passport/PR Card)

Last Name: _____

First Name _____

Concordia I.D: _____

Date of Birth _____
YYYY-MM-DD

Fees to be paid:

☑	**Application for the Issue of Additional TRF**	**$25.00**
☐	Regular Mail within Canada (No charge)	**0.00**
☐	Courier Service within Canada ($25.00)	
☐	Courier Service within USA ($35.00)	
☐	Courier Service Worldwide ($70.00)	
	TOTAL AMOUNT TO BE PAID	

PAYMENT METHOD *(Cash, Money order and Personal Cheques are <u>**NOT**</u> accepted)*	**AMOUNT: $**
Interac ☐ *(in person only)* ☐ **VISA** ☐ **MasterCard** ☐ **AMEX** ☐ **DISCOVER**	
CREDIT CARD NUMBER	EXPIRY DATE (MONTH/YEAR)
DATE CVV Number:	CARDHOLDER'S SIGNATURE

Students who have an outstanding balance with the University must clear the balance before this application is processed

Processed: