



PRIVACY: The personal information on the form is collected under the authority of the *University of Western Ontario Act, 1982*, as amended. The information is collected to process your request, settle the required fee payment, and for record-keeping purposes. For further information about this collection, use and disclosure of your information, please contact the Student Central Manager, Office of the Registrar, Western University, London, ON, N6A 3K7

Name on Record: _____ Email: _____ Address: _____ _____ _____ _____	Student Number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Phone Number: _____ <div style="text-align: right; font-size: small;"> <i>*Personal information is used only for the purpose of this order. To update, please log on to your Student Center.</i> </div>								

I certify that I am the student as stated. The information provided is true and correct in all respects. I hereby authorize The University of Western Ontario to release the Replacement T4A Tax Receipt as indicated.

Student Signature

Reason for Request: _____

Calendar Years Needed: _____

Delivery Methods:

☐ Pick Up at Student Central, WSSB 1120 Mail to

☐ the address provided above

FEES: \$35.00/copy (includes the cost of regular mail). All fees payable at time of request & are subject to change.

- ☐ Cash
☐ Cheque
☐ Debit Card
☐ Mastercard
☐ Visa

_____ # of copies x \$35.00 =	
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Processing Time— Two weeks during peak periods and one week for regular times

The Office of The Registrar reserves the right to not process this request based on the assumption of a falsified release, a negative seal on the student's record, or lack of identifying information.

I hereby authorize The University of Western Ontario to charge the applicable fees to my credit card:

Cardholder's Signature _____ Date: _____

Cardholder's Name as it appears on card

Credit Card # | | | | | | | | | | | | | | Exp. Date: | | | | CVV#: | | |