

Request for Replacement T4A Tax Receipt

Complete this form to order a replacement T4A Tax Receipt for Scholarships, Bursaries and Awards received from The Office of the Registrar that is not already available online on your Student Center. T4A's for 2013 and onwards are available for printing on your Student Center. T2202A Tuition Receipts from 1999 and onwards are available for printing on your Student Center. Prior to 1999, you must order an Official Western Letter. Please contact Student Central if you have any questions about how to access your receipts on your Student Center.

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, NAA 3K7

Name on Record:	Student Number:	
Email:	Phone Number: _	
Address:		
		*Personal information is used only for the purpose of this order. To update, please log on
		to your Student Center.
City Prov Post	al Code Country	
Student Authorization		
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		
Payment Information		
FEES: \$35.00/copy (includes the cost of regular mail). A	Il fees payable at time of re	equest & are subject to change.
Cash Cheque	Processing Time— 7 week for regular times	Two weeks during peak periods and one
O Debit Card Mastercard Visa # of copies x \$35.00 =	request based on the	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 hearby 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#: