

ATTESTATION REQUEST

Office of the Registrar
445, boulevard de l'Université
Rouyn-Noranda (Quebec) J9X 5E4
Fax number: (819) 797-4727
Email: registraire@uqat.ca

<ul style="list-style-type: none"> ▪ To obtain documentation, fill out and submit this form with the associated fee according to the table at right. If courier service is requested, the student is responsible for paying any fees associated with that service. ▪ <u>No documentation will be sent to students who have a balance on their account.</u> <p>* Allow up to seven (7) work days for delivery of documents.</p>	<p>FEES (per copy of document) :</p> <p>CONFIRMATION :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Admission</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Registration</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Completion of program</td> <td style="text-align: right;">\$ 20</td> </tr> <tr> <td>Official transcript (with seal)</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Pre-filled form (insurance, etc.)</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Document from student file (per document)</td> <td style="text-align: right;">\$ 10</td> </tr> <tr> <td>Additional copy of any document</td> <td style="text-align: right;">\$ 1</td> </tr> </table>	Admission	\$ 10	Registration	\$ 10	Completion of program	\$ 20	Official transcript (with seal)	\$ 10	Pre-filled form (insurance, etc.)	\$ 10	Document from student file (per document)	\$ 10	Additional copy of any document	\$ 1
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Additional copy of any document	\$ 1														

IDENTIFICATION (use print letters)

Name: _____

Address: _____ Permanent code **or** date of birth _____

☎ : _____ Program: _____

TYPE OF DOCUMENTATION REQUESTED:

- Proof of admission (session) _____
- Proof of registration (session) _____
- Proof of withdrawal (session) _____
- Proof of completion of program _____
- Transcript _____
- Copy of document from student file or other _____

NUMBER OF COPIES REQUESTED:

Copies: _____

PAYMENT (email address required *)

Email : _____

When your request is processed, an email will be sent to you to confirm the amount to be paid and the payment terms.

* In the absence of your email address, your request will not be processed.

_____ Student Signature

_____ Date

ORGANIZATION/INSTITUTION TO WHOM THE DOCUMENTATION MUST BE SENT (one form per organization):

Organization: _____

To the attention of: _____

Address: _____

City: _____ Postal code: _____

Email: _____ (if necessary)

Reserved for the Registrar office:

Amount to be paid: _____ Received amount : _____ Initials: _____ Attestation transmitted: _____

PAYMENT TERMS : ___ Money order / check ___ Finance department ___ Online payment ___ Other _____ / _____ / _____

Year Month Day