



CEGEP CHAMPLAIN
ST. LAWRENCE
CHAMPLAIN REGIONAL COLLEGE

790, Nérée-Tremblay, Québec, QC G1V 4K2

REQUEST FOR DOCUMENTS

SECTION 1: Student Identification

_____		_____	_____
Family Name		First Name	Student ID #
_____	_____	_____	_____
Street #	Street Name	Apt.#	Permanent Code
_____	_____	_____	_____
City	Province		Programme
_____	_____		_____
Postal Code	Telephone		Date of Birth YYYY/MM/DD
_____	_____		_____

E-mail Address: _____

SECTION 2: Document Requested

<input type="checkbox"/> Proof of Attendance: Letter for Semester: _____ French ___ English ___ # of copies(max. 3) _____	\$10	<input type="checkbox"/> Analysis of DEC requiring a manual DEC request	\$100
<input type="checkbox"/> Form to be filled out (ie: insurance, REE)	\$10	<input type="checkbox"/> Analysis of dossiers to convert a "DEC sans mention" to a regular DEC	\$20
<input type="checkbox"/> Attestation for University	\$20		
<input type="checkbox"/> Official Transcript Special instructions: If currently an SLC student, hold for final _____ results (Fall/Winter & Year)	\$20	Complete address where transcript is to be sent: _____ Institution or Company Name _____ Street # and Street Name _____ City, Province Postal Code	
<input type="checkbox"/> Student Copy of Transcript			\$10
<input type="checkbox"/> Course Outline: Course Title or Number: _____ Semester-Year: _____ Teacher Name: _____			\$10/outline to a max. of \$100
<input type="checkbox"/> Mailing of the Official Diploma from the Ministry of Education			\$10
<input type="checkbox"/> Copy of Diploma http://www.education.gouv.qc.ca/colleges/enseignants-et-personnel-de-college/ You must personally request this online)			Free
<input type="checkbox"/> Tax Certificate (Relevé 8 and T2202A) – Year _____ (You must access these through your Omnivox portal)			\$10/year
<input type="checkbox"/> Other: Please specify (e.g., documents from student file):			\$10

Fees are payable in cash or debit (in person), by credit card via your Omnivox account or by cheque payable to Champlain Regional College. **Payment must be received before the request is processed.**

- I will pick up the document in room 233.
- Please mail the document to the address indicated above
- Please send by fax: _____ Name of Recipient: _____

Signature: _____

SECTION 3 – For Office Use

Amount paid: _____ Received on: _____ Processed on: _____ Initials: _____