# LAKELAND COLLEGE

Our **MISSION** To inspire our learners to realize their individual potential.
Our **VISION** To achieve educational excellence in a people-centred environment.
Our **VALUES** are Respect, Safety, Trust, Pride, Ethics, Quality and Accountability.

## REQUEST FOR A DUPLICATE T2202A

The personal information on this form is collected under Section 32(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used to process your request. If you have any questions about the collection and use of this information, please contact the Office of the Registrar at 1.800.661.6490

**Note:** Complete one form per tax year

**Personal Information:** *(please print)*

| | | |
|---|---|---|
| Surname: | First Name: | Second Name: |
| Student ID#: | Telephone with area code: | E-mail Address: |
| Street/Box#: | City and Province: | Postal Code: |

Do you want this address updated to our database?

- ❑ Yes
- ❑ No

**Program of Study** _____

**Tax Year** _____

**Method of Payment**

Made Payable to **Lakeland College**

☐ Cheque ☐ Money Order ☐ MasterCard ☐ Visa

Card Number Expiry Date

Name of Cardholder _____

**Signature of Applicant:** _____ **Date:** _____

| | | |
|---|---|---|
| Registrar's Office Use ONLY:<br>Receipt Number: | Date Paid: | Processed by: |

STU 079/07