



Request for a Duplicate T2202A

Note: Complete One Form Per Tax Year

Personal Information

Last Name	First Name and Middle Name(s) (Do not use Initials)	Date of Birth M M D D Y Y Y Y	Student ID Number
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Correspondence (mailing) address

Street Address, Apartment Number, Box Number		
City or Town	Province	Country
Postal Code	(Area Code) Telephone Number	Email Address

Tax Year

Tax Year

Signature

Signature of Student	Date
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The personal information requested on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for university admission and/or the administration of academic programs and student services. For information about the collection and use of this information contact the Registrar at (780) 492-3113 or see www.ipo.ualberta.ca. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Office Use Only

	Fees	Months
January to April	_____	_____
May to June	_____	_____
July to August	_____	_____
September to December	_____	_____
Request Taken by:	_____	
Date Form Mailed:	_____	