

A. Personal Information

First Name: _____ Last Name : _____

Student Number: _____ Email Address: _____

Mailing Address: _____

Home Telephone Number: _____ Cell Phone Number(optional) : _____

B. Letter Form Request

Please choose **ONE** of the following(\$5.00)

☐ Verification letter of Graduation

☐ Confirmation of Enrollment

Bank/Insurance, Education Plan, Other ☐

Immigration and Study Permit Purposes ☐

Additional Letters Provided (\$25.00)

☐ QECO letter

☐ Required program change (Please indicate your new intended program)

☐ Program/ Degree audit in a letter format (Required to extend scholarship)

☐ Other (Please Specify) _____

**** A minimum of five working days** is required to process the request.

C. Delivery

☐ To be **picked up** from student registration ☐ To be **email** to: _____

☐ To be **faxed** to: (Fax number) _____ Addressed to: _____

☐ To be **mailed** to: _____

Student's Signature: _____ **Date:** _____

Office Use Only

Payments Method: ☐ MC ☐ Visa ☐ Amex ☐ DC ☐ Cash ☐ Cheque

Date: _____ Amount: _____ Initial: _____