

PERSONAL IDENTIFICATION			
Student ID number		Date of Birth (mm/dd/yyyy)	Email
Last name (Family name) (Previous last name)		First name (Given name)	Middle name
Address		Home phone number	
City	Province	Postal code	Cell phone number

- There is a minimum two (2) business day processing time for all letter requests.
- Letters will not be provided to students who have fees outstanding.
- There will be a charge of \$10 for all letters.

Program _____ Semester (circle one) 1 2 3 4 5 6 7 8 co-op Term (circle one) Fall Winter Summer

Please select the type of letter you require

Enrolment letter – says you are enrolled as a full-time student. This can be retrieved from the document hub on the student portal. No form is required. (Must have paid a deposit or be registered in classes for the semester the letter is requested for.)

Other – please specify what you need the letter for and what information needs to be included

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of letter requests.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at RRecords@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Student signature

Date (mm/dd/yyyy)

Method of Payment: PREPAID CREDIT CARDS CANNOT BE PROCESSED FOR PAYMENT

- Cash (do not send cash in the mail) Certified Cheque/Money Order MasterCard Visa American Express

Credit Card # _____ Expiry Date _____ / _____