



Letter and Document Verification Request

Before you complete this form, please note that some letters can be downloaded free of charge from registrar.yorku.ca/program/letters. **Email the completed form to the Registrar's Office at yuverify@yorku.ca.** Once your request has been processed, your payment will be processed via e-commerce site.

Note: some requests require an assessment of your academic record and may take up to six weeks to be processed. York does not write letters confirming your official name, name change, birth date or address. Check which letter(s) you are requesting.

Student Information (please print)		
Student Number	Last Name/Family Name	Given Name(s)
E-mail		Telephone

Letters Requested	Fee: \$25
<p>I have reviewed the online letter options which do not meet my needs. I would like to request the following:</p>	
<p>Confirmation</p> <p>Copy of Transfer Credit Statement at the point of admission</p> <p><input type="checkbox"/> Fees paid (check all that apply): Session(s): _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Tuition <input type="checkbox"/> Rent <input type="checkbox"/> Meal Plan <input type="checkbox"/> Scholarship/Bursary <input type="checkbox"/> Health Care/UHIP </p>	<p>Official documentation for government/agencies/educational institutions</p> <p><input type="checkbox"/> Enrolment confirmation for RESP Session(s): _____</p> <p><input type="checkbox"/> Official documents (e.g. form) to be signed and/or filled out (please attach the form with the request)</p> <p><input type="checkbox"/> Student VISA Extension application</p> <p><input type="checkbox"/> Verification of your academic status</p> <p>Graduation*</p> <p><input type="checkbox"/> QECO letter: <input type="checkbox"/> Identification of transfer credits</p> <p style="margin-left: 100px;"><input type="checkbox"/> Extraneous credits to the degree</p>

Delivery and Payment Information		
<p>NOTE: Your payment will be processed through our e-commerce site once the request has been processed.</p>	Recipient Name	Company/Institution (if applicable)
	Street Name and Number	City
	Province/State	Postal/Zip Code Country
Fee: \$25	Email Address	Email Address

.I authorize the release of this information to the individual, company or institution noted above.

Student's Signature	Date (dd/mm/yy)
---------------------	-----------------

Office Use Only	Date _____
-----------------	------------

Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.