

## **ENROLLMENT VERIFICATION REQUEST FORM**

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Today's Date:	Studer	nt Number:
Name: (First, Last)		
Date of Birth: (mm/dd/yy)		
Street Address:		City:
Province:	Postal Code:	Phone:
JWO Email:	@uwo.ca	Full-Time Part-Time
PURPOSE OF REQUES	T - Please choose one	
You have a document (ele	ctronic or hard copy) to be com	pleted by the Registrar's Office for the
		of document to be completed to student
support services W44. Ele	ctronic documents to <u>huronsss</u>	@uwo.ca
IMMIGRATION/VISA L Current term		OTHER:
Past terms: to	academic years -	
YOU REQUIRE AN ENR		
CONFIRMATION LETTI NOTE: Domestic students		
Verification of Enrolment	•	
> View and Order Docume Western Letter or by com		
YOU ARE A BMOS 2+2		
STUDENT REQUIRING Please email the request f along with this form		
YOU REQUIRE A GRAD	IIIATION I FTTER-	STUDENT AUTHORIZATION
Degree Conferred	OATION ELITERI	I hereby authorize Huron University College to release my information.
	: Summer Fall	Signature:
Upcoming Graduation		
METHOD OF DELIVERY  Copies held for pick-up:		

Email to Student's Western email: