



VERIFICATION OF ENROLMENT REQUEST FORM

Letters will be available for pick-up, WHEN POSSIBLE, the next working day.

STUDENT INFORMATION:

Student #:	_____	Street Address:	_____
Last Name:	_____	Apt. Number:	_____
First Name:	_____	City:	_____
BU Email:	_____	Province:	_____
Phone #:	_____	Postal Code:	_____

DOCUMENTS FOR PICK-UP:

Photo ID is required for pick-up. Individuals other than the student may pick up documents if the individual's name is indicated clearly on this form or if the individual provides written authorization from the student.

of Copies: _____

Pick-Up By: ☐ Me

☐ Someone Else:

Name of Authorized Individual: _____

DOCUMENTS FOR MAILING:

of Copies: _____

Address:	Addressee Name:	_____
	Street Address:	_____
	Apt. Number:	_____
	City:	_____
	Province:	_____
	Postal Code:	_____
	Country:	_____

FEE PAYMENT:

There is a \$12.00 per copy (subject to change). This fee and any outstanding amount owing to Brandon University must be paid before request will be processed. Select your payment method below.

AUTHORIZATION & SIGNATURE:

In signing and submitting this request, I confirm that all information is complete and accurate. I understand that my personal information is collected and used as described at www.brandonu.ca/finance/student-resources/student-forms/personal-information-collection/. Further, I authorize the University to answer any questions resulting from the issuance of this/these Verification of Enrolment document(s).

Student: _____ Date: _____

Submit completed form to Financial & Registration Services:

2nd Floor, Clark Hall, 270-18th Street, Brandon MB R7A 6A9

Phone: 204-727-9724 or 204-727-7313 Fax: 204-726-4573 Email: finreg@brandonu.ca