



[www.ocadu.ca](http://www.ocadu.ca)  
 Office of the Registrar  
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 EMAIL: [Regservices@ocadu.ca](mailto:Regservices@ocadu.ca)

# Request for Proof of Enrolment Letter

## Student Information (Please Print)

**NOTE: Official documents and records will not be released if you have any outstanding accounts at the university.**

Last Name		First Name		OCAD U Student Number	
Former Last Name (if applicable)				Birthdate (YYMMDD)	
<b>Current Mailing Address</b>					
Apt/Unit #	Street #	Street Name		City	
Province			Postal Code	Country	
Home Phone Number			Alternate Phone Number	Personal Email Address	
I declare that I am the individual named above and that this is my signature. I authorize OCAD University to release the information requested below.					
Student Signature				Date	
<b>Enrolment verification requested for the following session:</b>					
<input type="radio"/> Fall 2018 and Winter 2019 terms		<input type="radio"/> 2019 Spring/Summer term		<input type="radio"/> Other _____	
<b>Standard letters - \$12.00 (CAD) per copy:</b>			<b>Customized letters - \$24.00 (CAD) per copy:</b>		
<input type="radio"/> confirm registration for the current academic session <input type="radio"/> confirm full-time registration <input type="radio"/> confirm part-time registration <input type="radio"/> letter for study permit renewal <input type="radio"/> letter for work permit <input type="radio"/> confirm eligibility to register for next academic session			<input type="radio"/> include tuition fees <input type="radio"/> other (specify details of your request below): _____ _____		
Number of Copies Requested:    ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ _____					
<input type="radio"/> I will pick up my letter(s)		<input type="radio"/> I authorize _____ to pick up my letter(s).			
<b>Mail to:</b> <input type="radio"/> Regular Mail (no additional charge)			<input type="radio"/> Courier (Canada \$35/ United States \$50/ International \$100) <i>Recipient phone number required:</i>		
Name					
Street #		Street Name			Apt/ Unit#
City			Province		
Postal Code			Country		
<input type="radio"/> Fax (additional \$5.00 per fax)					
<b>Recipient Name:</b> _____					
<b>Fax Number (including area code):</b> _____					
<b>OFFICE USE ONLY</b>					
Received By	Date Received	Fees Owing/Library	Date Completed	Student Notified: Emailed/Phoned	Date Sent

