



www.ocadu.ca
 Office of the Registrar
 100 McCaul Street, Toronto, Ontario Canada M5T 1W1
 TELEPHONE 416.977.6000 FAX 416.977.4201
 EMAIL: Regservices@ocadu.ca

Form(s) Requiring Verification of Enrolment

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)	
Current Mailing Address					
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	
Enrolment verification requested for the following session:					
<input type="radio"/> Fall 2018 and Winter 2019 terms		2019 Spring/Summer term		Other _____	
<u>\$12.00 (CDN) per form:</u>					
<input type="radio"/> Canada Pension Plan		<input type="radio"/> Good Student Discount Recertification Application			
<input type="radio"/> Canadian Legion Bursary Assistance Program		<input type="radio"/> Heritage Proof Registration			
<input type="radio"/> Children's Education Funds		<input type="radio"/> International Student Identity Card			
<input type="radio"/> CIBC – Verification of Enrolment		<input type="radio"/> Knowledge First Financial			
<input type="radio"/> CST – Canadian Scholarship Trust Plan		<input type="radio"/> USC – Education Savings Plans			
<input type="radio"/> Global – Registration and Notice of Acceptance		<input type="radio"/> Other (specify):		_____	
<input type="radio"/> I will pick up my form(s)		<input type="radio"/> I authorize _____ to pick up my form(s).			
Mail to: <input type="radio"/> Regular Mail (no additional charge)			<input type="radio"/> Courier (Canada \$35/ United States \$50/ International \$100) Recipient phone number required:		
Name					
Street #		Street Name		Apt/ Unit#	
City			Province		
Postal Code			Country		
<input type="radio"/> Fax (additional \$5.00 per fax)					
Recipient Name: _____					
Fax Number (including area code): _____					
OFFICE USE ONLY					
Received By	Date Received	Fees Owning/Library	Date Completed	Student Notified: Emailed/Phoned	Date Sent

