

VERIFICATION REQUEST FORM

LAST NAME	FIRST NAME	TWU ID NUMBER
EMAIL:		PHONE:
Date of Birth: <i>(dd/mm/yyyy)</i>		Country of Citizenship:
Division: <i>(please select one)</i>	Undergraduate Graduate ACTS Seminaries	Degree/Major:
Reason for Letter Request <i>(Required)</i>		
Select Verification Letter Type <i>(Required, please select one)</i>		
<p>Verification of Enrolment Letter <i>Confirms academic school year, enrolment, division, major</i> Options, select one:</p> <p style="padding-left: 40px;">Verification of Enrolment</p> <p style="padding-left: 40px;">Verification of Enrolment FORM to be completed <i>(Please attach)</i></p> <p style="padding-left: 40px;">Custom Letter <i>(Please attach separately)</i></p> <p><i>(Required)</i></p> <p>Please indicate which semester you need confirmed: _____ Fall Spring Summer <i>year</i></p>	<p>Verification of Graduation Letter NOTE: ALL grades must be entered.</p>	
OFFICE USE ONLY:		
Conferral Date: _____ Initial: _____		

Letter Options <i>(Required, please select below)</i>		
Standard (3-7 business days) - \$10	Custom Letter (5 business days) - \$25	Additional copies (\$5 each): _____ - \$ _____ <i># of copies Total</i>

Delivery Instructions <i>(please select option below)</i>			
<p>Email <i>(no additional cost):</i> _____ or</p> <p>Mailing Address: Mail <i>(no additional cost)</i> or</p> <p style="padding-left: 40px;">Courier <i>(Select one):</i> within Canada (\$12) USA (\$17) International (\$35) <small>NOTE: Cannot courier to P.O. Box</small></p> <p>Full Name: _____ Phone <i>(required for courier):</i> _____</p> <p>Address: _____ City: _____</p> <p>Province/State: _____ Postal Code/Zip: _____ Country: _____</p>			

Total Service Fee \$ _____
Fee will be charged directly to the student account.

<p>_____</p> <p>Student Signature</p>	<p>_____</p> <p>Date</p>
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FOR OFFICE OF THE REGISTRAR USE ONLY									
REG: _____	NAT: _____	BD\$: _____	HLD: _____	CHG: _____	Verified: _____	Date: _____			
Charged	MS	RC	#	Date: _____	Init: _____	Completed date: _____	Init: _____	Sent via: _____	
Note: _____									