

Verification of Enrolment (VOE) forms are produced within three business days of payment being received. Students will be notified by email when the form is ready for pickup OR has been sent. Archival searches may be necessary and will require additional time to process. Student records are confidential. VOE forms are only issued when requested through written authorization by the student. Note: Verification of Enrolment forms will not be released to students who have financial holds on their records.

PLEASE PROVIDE YOUR STUDENT ID _____ I DON'T KNOW MY STUDENT ID

STEP 1: CONTACT INFORMATION

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth ____ / ____ / ____ Ph #: _____ Email: _____
(mm/dd/yyyy) Day Evening Mobile Home Work

Mailing Address: Please update my mailing address
 Home Work, Please provide business name: _____ Other

Street Address: _____ City: _____

Prov./State: _____ Postal Code: _____ Country: _____

STEP 2: FORM AND DELIVERY OPTIONS

- A. Number of forms to be completed: _____
- B. Academic Year: _____ Program Name: _____
- C. Type of document submitted (ie: CPP, RESP, etc.): _____
- D. Delivery Options:
 - i. Email Delivery Option: Same email as above / Email address: _____
 - ii. Courier Delivery Option: Courier to same address as above
**Additional fees apply: \$10 in Canada | \$25 in US | \$50 International. Tracking available upon request. No PO Boxes.

Courier to: _____ Business/Department: _____

Street Address: _____ City: _____

Prov./State: _____ Postal Code: _____ Country: _____

- iii. Pick-Up Option
Available only during the Registrar's Office hours.

STEP 3: PAYMENT

FEE: \$12 PER FORM PLUS ADDITIONAL COURIER FEES TOTAL AMOUNT \$ _____**

Credit Card Online Banking
 Visa MasterCard AMEX *Note: This method may take up to 5 business days to be received and processed.*

Credit Card #: _____ Exp. Date: ____ / ____

Name on Card: _____ Signature: _____
Please Print Clearly

STEP 4: AUTHORIZATION AND DECLARATION

I certify that the information contained herein and in the supporting documents is true, correct, and complete.

Student Signature: _____ Date: _____

The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

**OFFICE USE ONLY
PROCESSED BY:** _____

DATE: _____