



## Letter and Document Verification Request

Drop off the completed form at the Academic Services counter, YH C102, or email a scanned copy to acadservices@glendon.yorku.ca. We will contact you with instructions for payment of a \$25 fee by credit card.

Note: Letter requests take up to 10 business days to be processed. York does not write letters confirming your official name, name change, birth date or address. Check which letter(s) you are requesting.

Student Information				
Student Number	Last Name		First Name	
Email Address		Telephone No.	I	

Details of Request (Fee \$25)					
Confirmation of Academic	Graduation	Confirmation of Student Financial			
Acitvity		Account Activity			
<ul> <li>I am/was enrolled and registered for: FW 20</li></ul>	<ul> <li>Eligibility to graduate Note: you must have applied to graduate and degree requirements have been audited before this letter can be produced. Unless all grades are available, only a potential letter will be issued.</li> <li>Degree Conferral         <ul> <li>Identification of transfer credits</li> <li>Extraneous credits to the degree Include overall GPA at the point of graduation</li> <li>No Yes</li> </ul> </li> </ul>	<ul> <li>Confirmation of fees for:</li> <li>FW 20SU</li> <li>20</li> <li>Tuition</li> <li>Health Care Plans</li> <li>Residence □</li> <li>Meal plan</li> <li>Additional fees</li> <li>Include confirmation of payments for session</li> <li>This letter is required for income tax purposes</li> </ul>			
C Please indicate the details of what you re	her Request / Additional Informatio	n			
In which language would you like your	-	ench			
Do you have a form to be filled out?   Yes  No					
Pick-up/Delivery and Payment Infor <ul> <li>I will pick up my letter(s)</li> <li>Email me my letter</li> </ul>	Recipient Name	Company/Institution (if applicable)			
□ Mail the letter(s)	Street Name and Number	City			
<ul> <li>Courier the letter(s) (fee: \$35 in Canada, \$50 to the US, \$100 international)</li> </ul>	Province/State	Postal / Zip Code Country			
I authorize the release of this inform	ation to the individual, company or in	stitution noted above.			
Student's Signature	Date (dd/mm/yy)				
Office Use Only					

Amount paid: Fee received by:

Letter status: 🗆 Done

Method: 
Credit Card 
Cash

Date: \_\_\_\_\_ (initials) Date:

Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The York University Act, 1965 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection of this information by York University, please contact: Information and Privacy Coordinator, York University, N926 Ross, 4700 Keele Street, Toronto, ON M3J 1P3.