

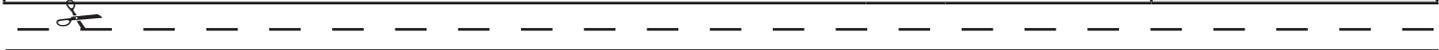
STUDENT INFORMATION	
Name:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ BROCK STUDENT ID NUMBER
Brock Email: _____@brocku.ca	Telephone No.: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Student signature: _____

REQUEST INFORMATION	DELIVERY INFORMATION
<p><i>I would like to request the following:</i></p> <p><input type="checkbox"/> Confirmation of Enrolment Session <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year (current if left blank): _____</p> <p><input type="checkbox"/> Eligibility to Continue Studies-Session <input type="checkbox"/> Fall/Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year (current if left blank): _____</p> <p><input type="checkbox"/> Eligibility to Graduate <input type="checkbox"/> Spring ceremony <input type="checkbox"/> Fall ceremony</p> <p><input type="checkbox"/> Confirmation of Graduation</p> <p><input type="checkbox"/> Transcript Evaluation</p> <p><input type="checkbox"/> Duplicate / Replacement diploma</p> <p><i>* Requires telephone number and courier service for mailings outside of Canada</i></p> <p><input type="checkbox"/> Clarification of transfer credit (QECO/CPA)</p> <p><input type="checkbox"/> Other (please provide comments / details)</p>	<p>Delivery method:</p> <p><input type="checkbox"/> Mail to addressee listed (<input type="checkbox"/> if courier, extra fee applies)</p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>Province: _____ Postal Code: _____</p> <p><input type="checkbox"/> Fax number (if applicable): _____</p> <p><input type="checkbox"/> Hold for pick-up</p> <p><input type="checkbox"/> Mail to alternate address (<input type="checkbox"/> if courier, extra fee applies)</p> <p><input type="checkbox"/> Scan to Brock email</p>

Comments/additional details or instructions (use back of form if necessary):

<p>Protection of Privacy</p> <p>The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550, ext. 3052 or see www.brocku.ca/registrar.</p>	<p>OFFICE USE ONLY</p> <p>Verified by: _____</p>
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PAYMENT INFORMATION <i>**Please note we cannot accept form submission via email if paying with credit card.</i>	
Method of Payment	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card No.	Expiry Date (MM/YY)
Signature of Card Holder: _____	Date (MM/DD/YY): _____