

The Square, Student Services, Room C102
 Fennell Avenue and West 5th Street
 P.O. Box 2034
 Hamilton, Ontario
 Canada L8N 3T2

Telephone: 1-844-767-6871
 Questions? Email: ask@mohawkcollege.ca
 Email form to: verifications@mohawkcollege.ca

Website: www.mohawkcollege.ca

To be completed by student -

NAME: _____
 ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____

I authorize Mohawk College to release my information, as indicated, including to a third party. Signature: _____

Student Number _____	Date _____
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Indicate below how to return form:

Mail – Residential or Business (circle)
 Contact Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____

Pickup – Email notification will be sent when form is ready

Fax – Contact Name: _____
 Fax Number: _____

To be completed by College - The student has met the following requirements:

Full Time	Part Time	In a Co-op Term	Fees Paid	Not Applicable
Program Name: _____				
Program Length: _____				
Type of Program: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Apprenticeship				
Academic Level: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3				
Start date of current semester: _____ End date of current semester: _____				
Additional Comments: _____ _____ _____				

Please contact me if you have any questions.

Sincerely,

Marilyn Micucci, Director
 Financial Assistance, Convocation and Registration Services
 Mohawk College

Registrar's Stamp and Seal