

## Request for a Letter(s) Confirming Degree

Please allow five business days for letter(s) to be processed.

## Section 1: Student Information (to be completed by the student).

Name:		Student Number:		
Degree:		Graduate Unit:		
Convocation Date:				
U of T Email:		Number of Copies	Requested:	
Pick Letter Up: Yes	No*	Telephone:		
*If no, student address letter is to be mailed	d (if applicable):			
I hereby authorize the University of Toro	onto to release my convocat	ion date, graduate u	nit, and degree information**.	
Student's Signature**:			Date:	
Payment, SGS accepts Master Card or Vis	a only (not American Express)	), indicate card type a	nd number.	
Card Type:	Card Numbe	er:		
Expiry Date:	Card Holder's Signature:			

## Section 2: School of Graduate Studies Information

Program Checked	Fees Checked	Payment Received:	Yes	No
Date Processed:	Date Mailed:		Cashier's Initials:	

Freedom of Information and Protection of Privacy Act: www.rosi.utoronto.ca/fippa.php

05/2013