



REQUEST FORM

**REQUESTS REQUIRE 48 HOURS NOTICE
DURING REGISTRATION 5 BUSINESS DAYS ARE REQUIRED**

NAME: _____ STUDENT NUMBER: _____

PHONE # (HOME): _____ (LOCAL): _____

PROGRAM: _____ Year: 1 2 3

CAMPUS: _____

PLEASE SELECT INFORMATION BEING REQUESTED:

_____ Verification of Enrollment Form (Canada Pension, Education Fund)
Please note that students are responsible for mailing and/or faxing these forms

_____ Financial Information (i.e. Statement of Account) For Term(s): _____

_____ Confirmation of Enrollment Letter

_____ Currently Enrolled Start Date: _____ End Date: _____

_____ Not Currently Enrolled Start Date: _____ End Date: _____

HOW DO YOU WISH TO RECEIVE YOUR REQUESTED INFORMATION?

WILL PICK UP (IF SOMEONE OTHER THAN YOU, PLEASE GIVE NAME: _____)

BY FAX (# _____ ATTENTION: _____)

BY MAIL: ATTENTION _____

INSTITUTION OR COMPANY: _____

MAILING ADDRESS: _____

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

STUDENT SIGNATURE

DATE

FOR OFFICE USE ONLY Date Information Sent: _____
