



## STUDENT INFORMATION FORM

Information Request <input type="checkbox"/>	Information Change <input type="checkbox"/>	File Review <input type="checkbox"/>
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Student ID		Date	
Name			
Address		Year Attended	
City		Telephone	
Province		Fax	
Postal Code		Email	

DOCUMENT REQUEST	CHANGE OF ADDRESS
	Tel:
	Fax:
	Email

Official Use Only		NOTES
Date Completed		
Fee		
Receipt #		
Date Mailed		
Date Picked Up		
Signature		
Print Name		