



# 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 Graduation Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ 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 EMAIL: \_\_\_\_\_ 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](http://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:** \_\_\_\_\_