

Student and Program Information

First Name: _____

Student No. (if known): _____

Last Name _____

Date of Birth: _____

Email: _____

Telephone: _____

Program Name:

Graduation Year:

Processing Information

Reason for Request:

VISA/Study Permit

Employer Request

Other **please explain*

Signature

Required (digital accepted) _____

I hereby confirm that I (person noted above) have submitted this request.

Send Form

Email records@sl.on.ca

Fax 613-937-1513

FOR OFFICE USE

Request Received by: _____ Date: _____

Notes: _____

Freedom of Information This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder for the purpose of requesting a confirmation of program completion.