

Access to Information and Protection of Privacy

The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, contact the Associate Registrar, Registration and Enrolment Services at 709-864- 8260

Request for Confirmation of Enrolment

Confirmation of Enrolment will include the following:

- Memorial University Student Number
- Name
- Current Student Status
- Current Program of Study
- Current Class Schedule

Note: This form must be emailed to gcregistrarsoffice@mun.ca from your @mun email. Requests from other personal email address will not be processed.

Student Name

Student ID Number

Phone Number

Email Address

Semester _____

Will Pick up at Registrar's Office

Mail To:

Fax To: _____

Email To: _____

Signature: _____ Date: ____ / ____ / ____
Day Month Year

Students must provide Photo ID

****Permission from student must be given for someone other than student to request/pick up letter****