

Official Western Letter Request Form

Please note: Negative service indicators on a student's academic records will prevent the release of Official Western Letters.

Date: _____

Student Number: _____ *Phone: (____) _____ *DOB: ____/____/____
Y M D

*Name: _____ *Student Email: _____
First Middle Surname

*Email you would like e-letter sent: _____

Faculty: _____ Undergraduate Graduate Full-time Part-time

** Required Info*

Available Letters

(4-5 Business Days to Process)

Fees for Multiple Terms: _____

Registration for Multiple Terms: _____

Student Authorization

I certify that I am the student as stated. The information provided is true and correct in all respects. I hereby authorize The University of Western Ontario to release Official Western Letters as indicated.

X _____
Student Signature