



**UNIVERSITY OF TORONTO**  
**FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION**

**REQUEST FORM**

*I would like to request from one of the following:*

**Letter of permission to take an academic course(s) at an external institution.** A **\$32.00** processing fee will be charged to you via your sports and rec account. You will be notified about the charge via email and will be able to make payment using a credit card.

You **must submit** the following information **before your request can be processed**.

- Institution/Location: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Course Title: \_\_\_\_\_
- Course Number: \_\_\_\_\_
- Course Time: \_\_\_\_\_ Period of Study: \_\_\_\_\_
- Full Course Description -  copy attached                      Payment \$32.00

**Letter of confirmation.** A **\$7.00** processing fee will be charged to you via your sports and rec account. You will be notified about the charge via email and will be able to make payment using a credit card.

- List the purpose of your letter and the required information that needs to be confirmed – e.g. full-time attendance status, period of study, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Address the letter to:  To Whom It May Concern /  Other: \_\_\_\_\_  
 \_\_\_\_\_
- Date required: \_\_\_\_\_ (allow **two** business days for processing)
- Payment \$7.00
  - I would like to pick up the completed letter the AC Main Office, room WS1040
  - I would like a PDF copy of the letter emailed to my student email address

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student's Number: \_\_\_\_\_ Current Year of Study: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

UTmail + email: \_\_\_\_\_ Date: \_\_\_\_\_

-----*for office use*-----

Date received: \_\_\_\_\_ Approved by: \_\_\_\_\_

**All completed forms should be submitted to the [online submission site](#).  
Please do not fax or mail in forms.**

***Notice of Collection – Freedom of Information and Protection of Privacy Act***

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering the services listed on this form. At all times it will be protected in accordance with the *Freedom of Information and Protection Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5835, room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1