REQUEST FORM

I would like to request from one of the following. Form not valid unless accompanied by receipt of payment.

- **Letter of permission to take an academic course(s) at an external institution. ($32.00)**
  - 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 ($7.00)**
  - List 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 required: $7.00 (submit to AC Main Office for processing)
  - 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

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Number:</td>
<td>Current Year of Study:</td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Cell phone #:</td>
</tr>
<tr>
<td>UTmail + email:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

For office use

Date received: Approved by:  

55 Harbord St., Toronto, ON M5S 2W6 Canada
Credit Card Method of Payment

- VISA
- MASTER CARD
- AMEX

If you wish to pay by credit card, you must authorize the Faculty of Kinesiology and Physical Education to debit your card. Please fill in the following information:

**I authorize the Faculty of Kinesiology and Physical Education, University of Toronto to debit my AMEX, VISA, or MASTER CARD for the service fee noted on this form**

Card number: _______________________________ Expiry date: _____________________________

CVV number: ______________________________

Card holder’s name as it appears on the card: _____________________________________________

Card holder’s signature: _______________________________________________________________

Return this form along with your completed application:

**By mail**
KPE Registrar’s Office
55 Harbord Street
Toronto, ON M5S 2W6

**By fax**
Attn: Anna Kozelj
416-971-2118

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 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