



University of Lethbridge ID Number  

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 Today's Date  

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## Registrar's Office Request for Release of Application Documents

Last Name	First Name	Middle Name	Previous Name(s) (If applicable)
Street Address			
City/Town	Province	Postal Code	
Email Address			

### Calendar Policy Regarding the Release of Application Documents

All documents received in support of an application become the property of the University and will not be released or copied except to other employees of the University and/or, on the student's behalf, to external granting agencies as required by University procedures regarding admission, registration, and awards and financial support administration.

### Notes

- Upon request, the Registrar's Office will release one copy of official documents received in support of an application for admission to other University departments (e.g. Research Services; School of Graduate Studies) or external granting agencies, in accordance with University procedures regarding admission, registration, and awards and financial support administration.
- Non-U of L documents will be accompanied by a cover letter stating that these are copies of the documents contained in the student's record and that the University of Lethbridge cannot certify as to the accuracy of the content or authenticity of the documents.
- Copies of documents received in support of an application for admission will not be released directly to the applicant/student.
- Applicants/students should allow for three business days for processing by the Registrar's Office and additional time for delivery of documents.
- A separate request must be submitted for each release of application documents

### Request Details

Name of Award Applying to	Application Deadline
Send to: <input type="checkbox"/> University Department <input type="checkbox"/> External Granting Agency Name: _____ Name: _____ Office Number: _____ Address: _____ <div style="text-align: right;">Postal Code: _____</div>	
Delivery method: <input type="checkbox"/> Internal/Regular mail (no charge) <input type="checkbox"/> Fax (specify number): _____ <input type="checkbox"/> Courier	
Document(s) to be sent: <input type="checkbox"/> Letter(s) of Reference (specify Referee(s)): _____ _____ <input type="checkbox"/> Supervisor's Letter of Support <input type="checkbox"/> Letter of Intent <input type="checkbox"/> Curriculum Vitae	
<input type="checkbox"/> <b>Current</b> Official University of Lethbridge Transcript of Academic Record <input type="checkbox"/> Transcripts received by U of L (specify institution(s)): _____ _____	

### Student Authorization

I hereby authorize the University of Lethbridge to release the documents listed above.

\_\_\_\_\_  
Student Signature