

Proof of Registration

This form must be signed by the student and then completed by a duly authorized official at the Registrar's office. When completed, the original signed copy must be mailed to the address above. Alternatively, Heritage Education Funds Inc. will accept a facsimile of the form provided it is sent directly to us from the Registrar's office.

PERSONAL INFORMATION (TO BE COMPLETED BY BENEFICIARY)

Student's Full Name: _____

Contract Number: _____

Student's Acknowledgement and Authorization: By signing below you are authorizing the Registrar to release information contained in this form to Heritage Education Funds Inc. for use in processing your return of contributions and/or Educational Assistance Payment.

Beneficiary's Signature

Date

PROGRAM INFORMATION (TO BE COMPLETED BY REGISTRAR)

Name of Educational Institution: _____

Program Name: _____

Student ID: _____

1) Academic year length

- 26-31 weeks
 32 weeks or more
 Other: _____

2) Program length

- 1 year
 2 years
 3 years
 4 years
 Other: _____

3) Type of Post-Secondary Institution

- University
 Community college or CEGEP
 Private trade, vocational or career
 Co-op Apprenticeship
 Other: _____

4) Academic level (not semesters) registered for Fall 2010 or Winter 2011

- 1st 2nd
 3rd 4th
 Other: _____

5) Academic level (not semesters) completed

- 1st 2nd
 3rd 4th
 Other: _____

6) Status

- Full-time
 Part-time –
number of hours
per week: _____

7) If the student transferred from another program/institution, how many academic level(s) (not semesters) has the student completed?

- 1 2 3
 Other: _____

8) If the student has ceased enrollment, what was the last date?

MM/DD/YYYY

REGISTRAR'S INFORMATION

Registrar's Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Comments: _____

Affix Official Stamp Here

Institution's seal/stamp **must** be affixed here to confirm the authenticity of this form.

REGISTRAR'S SIGNATURE

Registrar's Signature

Date