

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 International 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: _____

Agreement 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 International for use in processing your Scholarship 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

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

- 1 2 3
 Other: _____

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