

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 2009 or Winter 2010

- 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 _____