

DOCUMENT RELEASE FORM

DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
FACULTY OF MEDICINE, UNIVERSITY OF TORONTO

I hereby request that the Department of Speech-Language Pathology send the following record:

MHSC STUDENTS CURRENTLY IN THE PROGRAM			
please initial each request	individual	fee to student	for dept use only
	STUDENT	<input type="checkbox"/> replacement immunization form \$15.00 <input type="checkbox"/> replacement evaluation forms \$15.00 <input type="checkbox"/> a letter of academic standing \$12.00 <input type="checkbox"/> document release (i.e. letter of enrolment \$5.00) Please note these are NOT the SGS letters from the graduation and timeline section of the student handbook.	

FOR GRADUATING MHSC STUDENTS & ALUMNI			
please initial each request	name of association / regulatory body / individual	fee to student	for dept use only
	Speech-Language & Audiology Canada (SAC)	<input type="checkbox"/> SAC clinical hours \$12.00	
	CASLPO	<input type="checkbox"/> SAC clinical hours \$12.00	
	BODIES OUTSIDE ONTARIO NAME: MAILING ADDRESS:	<input type="checkbox"/> SAC clinical hours \$12.00 <input type="checkbox"/> their clinical hours \$15.00 Documentation required: _____ (attach template where applicable)	
	MULTI-PAGE EVIDENCE OF COMPLETION (NY) NAME: MAILING ADDRESS: * for these two sections check documentation requirements prior to submitting this request and indicate what is to be submitted as proof.	<input type="checkbox"/> clinical hours \$30.00 Documentation required: _____ (attach template where applicable)	
	STUDENT / OTHER MAILING ADDRESS:	<input type="checkbox"/> clinical hours \$5.00	

TOTAL FEE PAYMENT ENCLOSED WITH THIS REQUEST FORM \$ _____

If payment is by cheque or money order, please make payable to: "Dept of Speech-Language Pathology, University of Toronto".
DO NOT SEND CASH BY MAIL.

STUDENT NAME AT GRADUATION: _____
 GRADUATING YEAR: _____
 STUDENT SIGNATURE: _____
 TODAY'S DATE: _____

For Clinical Education Forms (clinical hours, clinical unit evaluation forms and comments) return request form to the attention of Administrative Assistant for Clinical Education.	For Academic Forms (letter of academic standing, letter confirming enrolment, immunization form etc..) return request form to the attention of Student Affairs Assistant
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If mailing in the form please return completed request form to the following mailing address: Rehabilitation Sciences Building, Department of Speech-Language Pathology, #160-500 University Avenue, Toronto, Ontario M5G 1V7 along with your payment to the appropriate person as listed above.