



Saskatchewan Polytechnic Verification Form

Name: (Last/First/Middle)

Maiden Name:

Address:

City

Province/State

Postal Code

Phone Number: Home:

Cell:

Email: _____

Program #1:

Campus

Grad Year

Program #2:

Campus

Grad Year

Student ID :

Birthdate (day/month/year):

"The information on this form is collected under the legal authority of *The Saskatchewan Polytechnic Act* and *The Local Authority Freedom of Information and Protection of Privacy Act*. This information will be used only for administrative and statistical purposes by Saskatchewan Polytechnic or persons authorized by Saskatchewan Polytechnic where required to perform their duties; and to determine eligibility for alumni benefits and administer development and alumni operations. If you have any

Validated by Registration Services Representative

Date:

Signature:

Campus:

Please return this completed form to:

Saskatchewan Polytechnic Alumni Coordinator Email: alumni@saskpolytech.ca