



GALEN
UNIVERSITY

Office of the Registrar

▪ 63 ½ George Price Highway ▪ Cayo District ▪ Belize
▪ Tel: (501) 824-3226

Letters Request Form

****Email completed form to records@galen.edu.bz and finance@galen.edu.bz.

Your name as it appears on our records:

_____			Date of Birth:	_____
Last Name	First Name	Middle Name		(DD/MM/YYYY)
Student ID Number	_____	Program:	_____	Tel. No.: _____

Document requesting (select one item per request form)

- Confirmation Letter
- Completion Letter
- Visa/Embassy Letter

Recipient Information (select one option)

<input type="checkbox"/> To be mailed to:					
Name and/or Title: _____					
Name of University/College/ Business: _____					
Mailing Address: _____					
	Number and Street	Town/ City	District/ State	Zip	Country
<input type="checkbox"/> To be sent electronically to university, employer, etc. to:					
Email Address: _____					
<input type="checkbox"/> To be picked up/received in person (must be retrieved within 90 days)					

Purpose for request (please check one)

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Scholarship/grant | <input type="checkbox"/> Guest at other University | <input type="checkbox"/> Enrollment verification | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Employment verification | <input type="checkbox"/> Degree completion | <input type="checkbox"/> Graduate Program | |

Note: All financial obligations to the University must be paid before any documents are released.

Student's Signature (required for release of information) : _____ Date: _____

Finance Officer's Signature: _____

Registrar's Office Use Only. Request Date:

Date Completed:

By: