

## LETTER REQUEST FORM

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)  
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA  
T: 236-9000 ext. 4145 | FAX: 239-4051 | E: [serr@college.bm](mailto:serr@college.bm)

Name: \_\_\_\_\_  
*Surname Maiden (if applicable) First Name Middle Initial*

Bermuda College Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*D / M / Y*

Contact Numbers: (H) \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Letter Requested (Please tick box):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Health Insurance  | <input type="checkbox"/> Bermuda Regiment | <input type="checkbox"/> Department of Immigration    |
| <input type="checkbox"/> Attendance Letter | <input type="checkbox"/> Other (Specify)  | <input type="checkbox"/> Graduation Letter (\$10 fee) |

Programme: \_\_\_\_\_ Year: \_\_\_\_\_

Submitted by: \_\_\_\_\_ *(print)*

\_\_\_\_\_ *(signature)*

Date Submitted: \_\_\_\_\_  
*D / M / Y*

**PLEASE NOTE:** If requested letter is not collected within two (2) weeks after notification, the student will be responsible for requesting another letter and paying any necessary fees.