



Application for U of T Alumni Card

Mr. Mrs. Ms Miss Dr.

Given Name: _____

Family Name: _____

Maiden/Former Name
(if applicable): _____

Student Number
(if known): _____

Birth Date (DD/MM/YY): _____

College/Faculty/Dept: _____

Degree: _____

Graduation Year: _____ Fall Spring

Address **Company Address**

Street: _____

Company Name: _____

Apt: _____

Your Job Title: _____

City: _____

Address 1: _____

Province: _____

Address 2: _____

Postal/ZIP Code: _____

Suite/Floor: _____

Country: _____

City: _____

Home Phone: _____

Province/State: _____

Email: _____

Postal/ZIP Code: _____

Country: _____

Email: _____

Business Phone: _____

Fax: _____

Alternative Contact: Parents Other Relative Friend Other

Name: _____

Address: _____

City: _____ Province/State: _____

Postal/ZIP Code: _____ Country: _____

Phone: _____

Effective date of address information: Now or _____ (DD/MM/YY)

PAYMENT: A fee of \$22.60 (\$20 plus HST) will process your permanent alumni identification card.

Cheque, payable to the University of Toronto, is enclosed.

VISA Mastercard American Express Credit Card Number: _____ Expiry: _____ (MM/YY)

Cardholder Signature: _____

When complete, mail or fax to:

Perry Hall / Robarts Library / 130 St. George Street / Toronto, ON M5S 1A5 Canada / Fax: 416-971-3131