



Organization Information Request

Enrolment, Department of Client Services

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Information request from an Organization to the Enrolment Coordinator

1. Name of Organization:

Name of Requester:

Job Title:

Name of Department /Division /Section:

Name of Organization:

2. Contact Information of Requestor:

Email Address:

Phone No.:

Fax No.:

Mailing Address:

3. Description of Request:

Provide details regarding the information being sought (e.g. subject matter, date range, type of records):

4. Signature of Requestor

I certify that the information provided is, to the best of my knowledge, true, correct and complete.

Applicant's Signature

Requester's Name – Print Name

Date-dd/mm/yy

Return this form Enrolment Coordinator by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.