THE UNIVERSITY OF BRITISH COLUMBIA



## **Declaration of Information**

## 1. DEPARTMENT CONTACT INFORMATION

Department

Department Contact Person

Contact Phone Number

Contact Email Address

## 2. EMPLOYEE INFORMATION

Employee's Full name

I, , declare that the information I have provided in this Permanent Residency Letter for the above named employee is truthful, complete and accurate to the best of my knowledge.

Signed:

Date: