



**Memorial University of Newfoundland
Youth Foster Support Program Bursary**

Date: _____

Student Name: _____

Student Address: _____

Student Email address: _____

Re: Request for information under Children, Youth and Families Act

Dear _____,

In reference to your request to provide proof that you were in the custody of CSSD as a child and requested proof of the timeframe associated with Children, Seniors and Social Development (CSSD) custody, I provide the following:

If you have any questions or concerns regarding this matter, please contact the undersigned at (709)_____.

Yours truly,

Referee Name: _____

Referee Signature: _____

Referee Title: _____