



Université Laval – Attestation Letter
Essential travel to Canada for study-related or research-related activities

I, the undersigned, Université Laval’s representative:

Surname and Name: _____

Position: _____

Telephone number: _____

Faculty: _____

Address of the organisation: 2325, Rue de l’Université, Québec, QC, G1V 0A6

hereby certify that the following person must travel

from (city, province) _____ to (city, province) _____
for essential academic activities.

Surname and Name: _____

Program of study: _____

Home address: _____

Location of the
academic activity: _____

This letter of attestation is valid from

DAY	MONTH	YEAR

 to

DAY	MONTH	YEAR

.

DAY MONTH YEAR

Signature

For any questions, please contact the faculty that authorized the travel or covid19@ulaval.ca.

