

CANADA REVENUE AGENCY (CRA) SIGNATURE AUTHORIZATION FORM

Canada – Newfoundland and Labrador Integrated Student Financial Assistance Program

(version française disponible sur demande)

Form must be completed and signed in INK.

Collection and Use of Information: This personal information is collected under the authority of the *Canada Student Loans Act*, *Canada Student Financial Assistance Act*, and the *Student Financial Assistance Act* (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. If you have any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Advanced Education, Skills and Labour, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.

As part of the Student Financial Services Division's audit and verification process, you the applicant, and where applicable your parent(s), guardian(s) or spouse, must sign this form and submit to the Student Financial Services Division. **Faxed copies are NOT acceptable.**

I consent to the release, by the Canada Revenue Agency to the Student Financial Services Division, Department of Advanced Education, Skills and Labour, of information that identifies me and income and expense information about me from CRA tax records. The information will be relevant to, and used solely for the purposes of determining and verifying my, or my spouse or my dependant's eligibility for and entitlement to, Student Financial Assistance Programs under the *Canada Student Loans Act*, *Canada Student Financial Assistance Act* and *Student Financial Assistance Act* (Newfoundland and Labrador) and for the collection of overpayments received under these programs for which I was not eligible and to which I was not entitled. This information will not be disclosed to any other person or organization without my prior approval.

Applicant: This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent taxation year for which assistance is requested.

Applicant's Spouse: This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which my spouse requests assistance.

Applicant's Parent(s)/Guardian(s): This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent taxation year for which the applicant requests assistance while defined as a dependent under student financial assistance guidelines.

In this consent "the year prior to" is considered the year prior to the Student Financial Services Division's application year August 1 to July 31.

Legal Signature of Applicant

Social Insurance Number

Date (yy/mm/dd)

Print Full Name

If you completed Section D - Parental Information, your parent(s) are required to sign below.

Legal Signature of Parent #1

Social Insurance Number

Date (yy/mm/dd)

Print Full Name of Parent #1

Legal Signature of Parent #2

Social Insurance Number

Date (yy/mm/dd)

Print Full Name of Parent #2

If you are applying as a married/common-law student, your spouse is required to sign below.

Legal Signature of Spouse

Social Insurance Number

Date (yy/mm/dd)

Print Full Name

Must Sign in Ink!

Forms NOT signed
will be returned

Please mail this form to the Student Financial Services Division, Department of Advanced Education, Skills and Labour, at:
P.O. Box 8700, St. John's, NL A1B 4J6

FAXED COPIES ARE NOT ACCEPTABLE