

PARENTS' DECLARATION, CONSENT AND SIGNATURE

Canada – Newfoundland and Labrador Integrated Student Financial Assistance Program

(version française disponible sur demande)
Form must be completed and signed in INK.

Student's Name

Last 3 digits of Social Insurance Number

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.

The post-secondary student within your family indicated above has filed for financial assistance to the Student Financial Services Division. Complete and sign this form. By signing, you are confirming both the financial and personal information submitted and are providing the declaration and consents indicated.

I declare that:

I have given complete and true information. I will notify the Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

I consent to:

The disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Advanced Education, Skills and Labour) and the Government of Canada (Department of Employment and Social Development Canada) for use and research, statistical analysis and evaluation related to student financial assistance programs.

Parent #1

Surname

First Name and Initial(s)

Social Insurance Number

Date of Birth (yy/mm/dd)

Province

Postal Code

Line 150 of the 2015 Income Tax Return:

Parent #2

Surname

First Name and Initial(s)

Social Insurance Number

Date of Birth (yy/mm/dd)

Province

Postal Code

Line 150 of the 2015 Income Tax Return:

Number of people in family:

Number of children attending post-secondary institutions in 2016-2017:

Please identify any corrections to the parental section of the student's application:

Legal Signature of Parent #1

Print Full Name

Date (yy/mm/dd)

Legal Signature of Parent #2

Print Full Name

Date (yy/mm/dd)