

STUDENT'S 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.

Print Full Name

Last 3 digits of Social Insurance Number

You have applied for financial assistance to the Student Financial Services Division. Please read, sign and return this form to the Student Financial Services Division at the address listed below. By signing below, you are confirming the financial information submitted, your personal financial information submitted and providing the declaration and consents below. If changes are made to this information a reassessment may be required.

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.

I declare that:

- the information given on this application is true and complete, and I understand it is subject to audit.
- I will use any financial assistance provided to pay my academic fees first; then I will pay other educational and living costs associated with my program of study.
- I will not apply for nor accept financial assistance from any other province or territory for the same period for which I am applying for assistance in this application.

I agree to:

- immediately notify the Student Financial Services Division, Department of Advanced Education, Skills and Labour, in writing of any change in my address, marital, financial or academic status or study period, or any change in the address or financial status of my parent(s), guardian(s), sponsor(s), or spouse/partner.
- direct that Canada or NL pay all or a portion of my financial assistance to my educational institution(EI) where my EI requests the payment of my academic fees.
- provide additional information or documents as requested by the Student Financial Services Division, Department of Advanced Education, Skills and Labour, to verify information provided in this application.
- the recovery of any overaward, if it is determined that my assessment is inaccurate, even if the inaccuracy is the result of an inadvertent error on my part, or on the part of my parent(s), guardian(s), sponsor(s), spouse/partner, educational or financial institution, or on the part of the Student Financial Services Division, Department of Advanced Education, Skills and Labour.

I understand that:

- if I make a false or misleading statement in this application, or fail to disclose information as requested by the Student Financial Services Division, Department of Advanced Education, Skills and Labour, I may be denied financial assistance, and/or subject to criminal prosecution.
- failure to disclose information or provide updated information as requested by the Student Financial Services Division, may constitute the making of a false or misleading statement.

Consent to Indirect Collection and Disclosure of Personal Information

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), any other federal, provincial, municipal government department or agency including the Student Loan Corporation of Newfoundland and Labrador and my educational and financial institutions and any credit reporting agency to verify any information I have provided to the Student Financial Services Division, Department of Advanced Education, Skills and Labour to determine my eligibility for financial assistance under the provincial and federal student financial assistance programs and administer the said programs.
- 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 in research, statistical analysis, and evaluation related to student financial assistance programs.
- the disclosure and exchange of my personal information between the Student Financial Services Division and other divisions within the Department of Advanced Education, Skills and Labour. This information will be used to verify my (or my family unit's) eligibility for programs and services. This may include financial assistance, education & training supports and monthly income support benefits.
- the disclosure and exchange of my personal information, including my academic record and status for the period stated in this application and previous periods for which I received financial assistance under the Newfoundland and Labrador Student Financial Assistance program by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Advanced Education, Skills and Labour) and my educational institution to determine eligibility for and administer debt reduction or other financial assistance under this program.
- the verification of my personal information provided in support of my application for federal and provincial student financial assistance with information contained in Employment and Social Development Canada (ESDC) Social Insurance Register. This information will be disclosed to ESDC for the purpose of confirming the accuracy of my identification in the context of my application for provincial and federal student financial assistance.

Legal Signature of Student

Date (yy/mm/dd)

Must Sign in Ink!
Forms NOT signed
will be returned