

PARENTS' DECLARATION, CONSENT AND SIGNATURE 2018-19

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.

Student's Last Name

Student's First Name and Initial(s)

Social Insurance Number

XXX-XXX-

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.

Canada Revenue Agency (CRA) Signature Authorization

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 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 he/she was not eligible and to which he/she was not entitled. This information will not be disclosed to any other person or organization without my prior approval. This authorization is valid for the taxation year prior to the year of signature of this consent and the year of signature. 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.

Number of people in family:

Number of children attending post-secondary institutions in 2018-2019:

Parent #1

Surname

First Name and Initial(s)

Social Insurance Number

Date of Birth (yy/mm/dd)

Province

Postal Code

Line 150 of the 2017 Income Tax Return:

Legal Signature of Parent #1

Date

Parent #2

Surname

First Name and Initial(s)

Social Insurance Number

Date of Birth (yy/mm/dd)

Province

Postal Code

Line 150 of the 2017 Income Tax Return:

Legal Signature of Parent #2

Date