

STUDENT'S CONSENT TO RELEASE PERSONAL INFORMATION

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.

If you agree to have personal and financial information from your Canada - Newfoundland and Labrador Financial Assistance Integrated Student file held at the Student Financial Services Division, Department of Advanced Education, Skills and Labour, Government of Newfoundland and Labrador shared with anyone other than yourself (e.g., your parent[s] or spouse), complete all lines in the section below and sign your consent. This consent applies to all information in your file for the 2018/19 academic year and all prior academic years. This consent is valid during the **2018/19 academic year only** and I may withdraw my consent at any time by contacting or writing 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 Name

Social Insurance Number

Student's Signature

Date

Third Party #1

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number

Third Party #2

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number

Third Party #3

Surname

First Name and Initial(s)

City/Town

Province

Postal Code

Area Code and Telephone Number