

AUTHORIZATION TO DISCLOSE INFORMATION



If you wish your parent(s)/guardian(s)/step-parent(s), spouse/common-law partner, or any other person(s) to communicate with the Department of Post-Secondary Education, Training and Labour (the Department) on your behalf regarding your student financial assistance file, you must complete this form. Completion of this form will authorize the Department to communicate with the person(s) named below regarding your file, and to disclose to and discuss with the named person(s) your personal information contained in your file.

I hereby authorize the Department to communicate **with the person(s) named below** regarding my student financial assistance file, and to disclose to and discuss with the named person(s) my personal information contained in my file, namely: my personal, academic and financial information contained in my application, in the material provided in connection with my application, and in the material the Department is authorized by me and by law to collect in connection with my application; the status of my application; and, the administration, repayment and collection of any financial assistance provided to me as a result of my application for assistance.

I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it. I understand that I can cancel this authorization in writing at any time

Student's Name _____
First Name Last Name Initial

Social Insurance Number _____ Date of Birth _____ Telephone Number _____
YYYY MM DD ()

X _____
Student's Signature Date

PERSON(S) AUTHORIZED TO COMMUNICATE WITH THE DEPARTMENT

You may authorize more than one person

1. Name of Third Party: _____
First Name Last Name Initial

Address: _____
Street, P.O. Box, Apt. No. City/Town Province Postal Code

Area Code and Telephone No.: () _____

2. Name of Third Party: _____
First Name Last Name/ Initial

Address: _____
Street, P.O. Box, Apt. No. City/Town Province Postal Code

Area Code and Telephone No.: () _____

Submit this form electronically by visiting www.studentaid.gnb.ca and selecting **Upload a Document**, or submit by fax or mail to the address below.

