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. Please note that the most recent Authorization to Disclose Information on file, completed either as part of an application or as a separate form, cancels any previously completed authorizations.

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.

First Name			Last Name				Initial	
Social Insurance Number		Da	Date of Birth				Telephone Number ()	
			YYYY	ММ	DD			
X Student's Signature			 Date			_		
PERSON(S) AUTH	ORIZED TO CO	MMUNICATE V	WITH 1	THE DE	PARTME	NT		
1. Name of Third Party:			2. Name of Third Party:					
First Name	Last Nar	ast Name		ame		Last Name		
Street Address		Apt. No.	Street	Address			Apt. No.	
City/Town	Prov./Terr.	Postal Code	City/To	own		Prov./Terr.	Postal Code	

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

Student Financial Services Post-Secondary Education, Training and Labour

Student's Name



Beaverbrook Building P.O. Box 6000 Fredericton NB E3B 5H1 Tel.: 506-453-2577 Toll Free: 1-800-667-5626 Fax: 506-444-4333