STUDENT DECLARATION/CONSENT TO DISCLOSE INFORMATION

CSFA LOAN AND/OR GRANTS APPLICATIONS

You must sign this page in order for this application form to be considered complete. Read before signing at the bottom of this page.

Would you like a friend, parent, spouse or other person to be able to communicate with our office on your behalf regarding your funding?

Print name(s) 1. _____

and/or

2. _____

By signing below, I authorize Student Financial Assistance officers and the person(s) listed above to discuss my personal/financial information as it relates to this application.

This information is being collected under the authority of the *Yukon Student Financial Assistance Act*, the *Canada Student Loans Act*, the *Canada Student Financial Assistance Act* and respective regulations for the purpose of administering territorial, federal or other student loan and grant programs. This includes determining eligibility, sharing information with other agencies as required and establishing related databases. For further information contact the Student Financial Services Office at (867) 667-5929 or visit the Student Financial Assistance office at the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.

1. I hereby authorize Employment and Social Development Canada and other government departments to release information to the Student Financial Assistance officer about my Employment Insurance claim, employment-related issues and/or training-related income support that I may be receiving.
2. I hereby authorize Student Financial Assistance, other sponsoring agencies, government departments, institutions and employers, to release and gather personal and financial information as needed to process and audit this application.
3. I hereby authorize the Student Financial Assistance office of the Government of Yukon to obtain information about my credit history, including a complete report, from a consumer-reporting agency or financial institution for the purpose of determining whether I am eligible for a Canada Student Loan.
4. I confirm that Canada may directly remit all or a portion of my financial assistance to my educational institution, where my educational institution requests the payment of my academic fees.
5. I will use any financial assistance to pay my academic fees first; then I will pay other educational and living costs associated with my program of studies.
6. I understand that it is my responsibility to provide accurate personal and financial information on this application form. If the information I provide is inaccurate this may result in an over-award, which will be recovered from future loans.
7. ☐ **Yes** By checking this box, I consent to Student Financial Assistance disclosing my contact information for the purpose of receiving information on Student Employment Programs including but not limited to STEP, Grad Corps and Y2C2. (Leave this box blank if you are not interested in receiving further information about such programs.)

I make this declaration conscientiously believing that the information in this application is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that knowingly providing false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the Criminal Code of Canada.

_____	_____	YYYY/MM/DD
Signature of applicant	Print name	Date

Note: It is your responsibility to contact the National Canada Student Loans Service Centre at 1-888-815-4514 to keep your address up-to-date and to make arrangements for repayment within 6 months of completion of your program or if you cease to be a full-time student.

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