

Section 2100: Declaration and Consent (Single Dependent and Married / Common-Law Students)

This is a legal document. Please read it carefully. Sign it only after you understand and agree to it.

- If you are a Single Dependent Student whose parents are married to one another, **BOTH** parents must complete and sign this form. If your parents are separated or divorced see page G-8 of the guide to determine which parent must sign the Declaration and Consent form.
- If you are a Married/Common-Law Student your spouse must complete and sign this form.

I declare the following:

All the information I have sent with this application is correct to the best of my knowledge. I know that it is against the law to give false or misleading information in this application.

Student's Name (please print)

_____|_____|_____|_____|_____|_____|_____|_____|

Student's Social Insurance Number

_____|_____|_____|

Phone Number

Please check one: Mother Father Spouse

Name (please print)

_____|_____|_____|_____|_____|_____|_____|_____|

Parent/Spouse's Social Insurance Number

_____|_____|_____|

Phone Number

Signature

DD MM YYYY

Date of Birth

DD MM YYYY

Date

Please check one: Mother Father

Name (please print)

_____|_____|_____|_____|_____|_____|_____|_____|

Social Insurance Number

DD MM YYYY

Date of Birth

DD MM YYYY

Date

I consent to release the following tax information:

- For purposes of verifying the data provided in the application for student assistance of my child/spouse/partner name of applicant/student of name of city / town, Province of Prince Edward Island, I hereby consent to the release, by the Canada Revenue Agency to an official of the Prince Edward Island Department of Innovation and Advanced Learning, of information from my Income Tax Returns, and if applicable, other required taxpayer information about me, whether supplied by me or by a third party.
- The information will be relevant to and used solely for the purpose of determining and verifying my child/spouse's/partner's eligibility and entitlement for the Canada Student Loans or Grants Programs and/or the Prince Edward Island Student Loan Program.
- This authorization is valid for the taxation year prior to the year of signature of this consent and the year of signature of this consent. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Manager of Student Financial Services, Department of Innovation and Advanced Learning, P.O. Box 2000, 90 University Avenue, Suite 212, Charlottetown, PE C1A 7N8.

Name of parent #1 / spouse (please print)

Signature 1

Date

Name of parent #2 (please print)

Signature 2

Date