Section 2000: Declaration and Consent (All Students)

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

I declare the following:

- All the information on this application is true to the best of my knowledge. I know it is against the law to give false or misleading information on this application.
- I am applying for a student loan and/or grant under the Canada Student Loans/Grants Programs and/or Prince Edward Island Student Loan Program.
- I will use any money I receive from this loan only for costs directly associated with my education as recognized by Student Financial Services.

I consent to the following:

• The educational institution I am attending may provide any information about my academic standing, attendance, awards, accommodations, and financial status to Student Financial Services with the Department of Innovation and Advanced Learning.

I understand:

- I can receive a student loan or grant from only one province at a time.
- In the general administration and enforcement of the Prince Edward Island Student Loan Program, my personal information may be exchanged by and between Prince Edward Island and its agents, relevant provincial and federal government departments, for use in administration and evaluation related to student assistance programs, whether or not I am approved for any financial assistance.

		DD MM YYYY
Student's Name (Please Print)	Student's Social Insurance Number	Date of Birth
Student's Signature	Date	

I consent to the following in relation to my income tax information:

- For purposes of verifying the data provided in my application for student financial assistance, I hereby consent to the release, by the Canada Revenue Agency (CRA) to an official of the Prince Edward Island Department of Innovation and Advanced Learning, of information from my Income Tax Return, 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 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 all subsequent years in which I apply for full time financial assistance and/or any debt management programs. I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Manager, Student Financial Services, Department of Innovation and Advanced Learning, P.O. Box 2000, 90 University Avenue, Charlottetown, PE C1A 7N8.

Student's Name (Please Print)	Date
Student's Signature	Phone Number

Section 2100: Declaration and Consent (Parents of Single Dependent Students 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 parent(s) are married to one another or are in a common-law relationship, **BOTH** parent(s) and/or common-law partner 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 give false or misleading information in this applicatio	s correct to the best of my knowledge. I know that it is against the law to on.
Student's Name (please print)	Student's Social Insurance Number Phone Number
Please check one: ☐ Mother ☐ Fat	ther
Name (please print)	Parent/Spouse's Social Insurance Number Phone Number
	DD MM YYYY DD MM YYYY
Signature	Date of Birth Date
Please check one: ☐ Mother ☐ Fat	ather Common-Law Partner
Name (please print)	Social Insurance Number
	DD MM YYYY DD MM YYYY
Signature	Date of Birth Date
name of applicant/student of name consent to the release, by the Canada Revellanovation and Advanced Learning, of inform taxpayer information about me, whether supplies The information will be relevant to and	d in the application for student assistance of my child/spouse/partr me of city / town, Province of Prince Edward Island, I here renue Agency to an official of the Prince Edward Island Department mation from my Income Tax Returns, and if applicable, other requir
which my dependent child or spouse apply for understand that, if I wish to withdraw this conse	r prior to the year of signature of this consent and all subsequent years or full time financial assistance and/or any debt management programs. Sent, I may do so at any time by writing to the Manager of Student Financianced Learning, P.O. Box 2000, 90 University Avenue, Charlottetown, I Signature 1
Hame of parent #17 spouse (please plint)	Date
Name of parent #2 / partner (please print)	Signature 2 Date