



Student Assistance Office
176 Great George Street
P.O. Box 2000
Charlottetown, PEI

(902) 368-4640 T
(902) 368-6144 F
C1A 7N8

Department of Workforce and Advanced Learning

AGREEMENT TO ACCESS THE CONFIRMATION OF ENROLMENT PORTAL

Name of Institution *(please print)*

EI Code

SUPER USER (EI official who has *primary* responsibility for confirming full-time enrolment):

Name *(please print)*

Position/Title

E-mail Address

Phone Number

USER (other EI officials who have responsibility for confirming full-time enrolment):

1 _____
Name *(please print)*

Position/Title

E-mail Address

Phone Number

2 _____
Name *(please print)*

Position/Title

E-Mail Address

Phone Number

I assign the above-noted official(s) the authority and responsibility for electronically confirming full-time enrolment for the purpose of disbursing awards authorized by the Prince Edward Island Student Assistance Office on behalf of the above-named institution.

Signature (Super User)

Position/Title

Name of Educational

Please complete and return to the attention of
Manager Student Services