

**Consent to Disclose
Personal and Student Funding
Information to a Third Party
Instruction Sheet**

Use this *Consent to Disclose Personal and Student Funding Information to a Third Party Form* to give Alberta Students Finance permission to **share** your personal and student funding information with a third party. (**Important:** If you want to give a third party permission **to take action** on your behalf, you must complete a Power of Attorney Form.)

How to complete this form:

1. Print off the consent form. (If you are studying outside of Canada, we encourage you to submit this form **before** you leave Alberta.)
2. Complete the consent form in ink with the following information:
 - your full legal name (first name, middle initial, last name)
 - the first 6 digits of your Social Insurance Number
 - the type of information you authorize to be disclosed
 - the full legal name (first name, middle initial, last name) of the person you are authorizing to have access to your information
 - the end date until your consent to disclose is valid (e.g. the proposed date of your completion of studies). If you do not provide an end date, the authorization will be limited until the current Academic Year End Date
 - the relationship of the authorized third party to you
3. Sign and date the consent form.
4. Make two copies of the consent form and distribute as follows:
 - submit the original to Students Finance by
 - mail to: Students Finance PO Box 28000 Stn Main Edmonton AB T5J 4R4
 - fax to: 780-422-4516
 - give a copy to your authorized third party
 - keep a copy for yourself

Who do I contact for help?

Contact the Student Funding Contact Centre:

- in Edmonton at 780-427-3722
- toll free in Canada at 1-800-222-6485
- email the secure *e-Contact* service on alis.alberta.ca/econtact

Consent to Disclose Personal and Student Funding Information to a Third Party Form

Your written consent enables Alberta Advanced Education and Technology and Alberta Human Services to disclose your personal information to a designated individual in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the disclosure of information, contact the Student Funding Contact Centre: in Edmonton at 780-427-3722 or toll free in Canada at 1-800-222-6485.

I, _____
Print Student's Full Legal Name (first name, middle initial, last name)

SOCIAL INSURANCE NUMBER

(provide the first 6 digits of your Social Insurance Number only)

								X	X	X
--	--	--	--	--	--	--	--	---	---	---

authorize Alberta Advanced Education and Technology and Alberta Human Services to disclose the following personal and student funding information:

Choose all that apply

- Eligibility for student funding (includes Program designation, demonstration of financial need)
- Correspondence (Sent / Received)
- Application Status (Pending / Information Required / Rejected / Complete)
- Access to all of my personal and student funding information

to: _____

Print Full Legal Name (first name, middle initial, last name) of person to whom personal and student funding information will be disclosed.

This authorization is valid until:

--	--

 day

--	--	--

 month

--	--	--	--

 year

← If you do not provide an end date, the authorization will be limited until the current Academic Year End Date.

Relationship of authorized person to student:

Signature of student (sign in ink)

Date (in ink)