

# CANADA REVENUE AGENCY (CRA) SIGNATURE AUTHORIZATION FORM

## Canada - Newfoundland and Labrador Integrated Student Loans Program (version française disponible sur demande)

Form must be completed and signed in INK.

As part of the Student Financial Services Division's audit and verification process, you the applicant, and where applicable your parent(s), guardian(s) or spouse, must sign this form and submit to the Student Financial Services Division. **Faxed copies are NOT acceptable.**

I consent to the release, by the Canada Revenue Agency to the Student Financial Services Division, Department of Advanced Education and Skills, of information that identifies me and income and expense information about me from CRA tax records. The information will be relevant to, and used solely for the purposes of determining and verifying my, or my spouse or my dependant's eligibility for and entitlement to, Student Financial Assistance Programs under the *Canada Student Loans Act*, *Canada Student Financial Assistance Act* and *Student Financial Assistance Act* (Newfoundland and Labrador) and for the collection of overpayments received under these programs for which I was not eligible and to which I was not entitled. This information will not be disclosed to any other person or organization without my prior approval.

**Applicant:** This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent taxation year for which assistance is requested.

**Applicant's Spouse:** This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent consecutive taxation year for which my spouse requests assistance.

**Applicant's Parent(s)/Guardian(s):** This authorization is valid for the taxation year prior to the year of signature of this consent, the year of signature, and each subsequent taxation year for which the applicant requests assistance while defined as a dependent under student financial assistance guidelines.

*In this consent "the year prior to" is considered the year prior to the Student Financial Services Division's application year August 1 to July 31.*

Legal Signature of Applicant

Social Insurance Number

Date

Print Full Name

### If you completed Section D - Parental Information, your parent(s) are required to sign below.

Legal Signature of Parent #1

Social Insurance Number

Date

Print Full Name

Legal Signature of Parent #2

Social Insurance Number

Date

Print Full Name

### If you are applying as a married/common-law student, your spouse is required to sign below.

Legal Signature of Spouse

Social Insurance Number

Date

Print Full Name

**Must Sign in Ink!**

Forms NOT signed  
will be returned

Please mail this form to the Student Financial Services Division, Department of Advanced Education and Skills, at:  
P.O. Box 8700, St. John's, NL A1B 4J6

**FAXED COPIES ARE NOT ACCEPTABLE**

# STUDENT AID

## ATTENTION APPLICANTS

Depending on your current student status, there may be other forms and supporting documents required. Please refer to [www.gov.nl.ca/studentaid/forms](http://www.gov.nl.ca/studentaid/forms) for a complete listing of Forms and Documentation which may be required.