

## Parent's Declaration, Consent and Signature

### Canada-Newfoundland and Labrador Integrated Student Financial Assistance Program

Student's Personal Information		
Student's First Name	Student's Last Name	Student's Social Insurance Number (SIN) XXX-XXX-

The post-secondary student indicated above has filed for student financial assistance to StudentAidNL. Complete and sign this form. By signing, parents are confirming both the financial and personal information submitted and are providing the declaration and consents indicated.

#### I declare:

- I have given complete and true information. I will notify Student Financial Services Division, in writing, if my financial situation changes. I am not liable for loans given to the applicant.

#### I consent to:

- The disclosure and exchange of my personal information by and between the Government of Newfoundland and Labrador (Student Financial Services Division, Department of Education and Early Childhood Development) and the Government of Canada (Department of Employment and Social Development Canada) for use and research, statistical analysis and evaluation related to student financial assistance programs.

#### Canada Revenue Agency (CRA) Signature Authorization I consent to:

- The release, by the Canada Revenue Agency to the Student Financial Services Division, Department of Education and Early Childhood Development, 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 dependent'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 2019** (Newfoundland and Labrador) and for the collection of overpayments received under these programs for which they were not eligible and to which they were not entitled. This information will not be disclosed to any other person or organization without my prior approval. This authorization is valid for the taxation year prior to the year of signature of this consent and the year of signature. 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.

Family Information	
Total Number of People in Family	Number of Dependent Children Attending Post-Secondary in 2025-2026

<b>Parent 1</b>				
Parent 1's First Name		Parent 1's Last Name		Parent 1's Social Insurance Number (SIN)
Date of Birth (YYYY-MM-DD)	Province	Postal Code	Line 15000 of 2024 Income Tax Return	Expected 2025 Gross Income If Less Than 2024*
Parent 1's Signature		Email Address		
		Date		

<b>Parent 2</b>				
Parent 2's First Name		Parent 2's Last Name		Parent 2's Social Insurance Number (SIN)
Date of Birth (YYYY-MM-DD)	Province	Postal Code	Line 15000 of 2024 Income Tax Return	Expected 2025 Gross Income If Less Than 2024*
Parent 2's Signature		Email Address		
		Date		

**\*Note:** If the expected 2025 Gross Income is less than the income as reported on the 2024 Income Tax Return(s), this amount will be included in the assessment of the application and will be subject to audit. Understated income discovered during the audit process may result in all or a portion of awarded student financial assistance under this application to be considered issued in error, deemed an over award, and subject to recovery.

#### **Collection and Use of Information:**

This personal information is collected under the authority of the **Canada Student Loans Act**, **Canada Student Financial Assistance Act**, and the **Student Financial Assistance Act 2019** (Newfoundland and Labrador) as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs. For any questions about the collection and use of this information, contact the Director, Student Financial Services Division, Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, P.O. Box 8700, St. John's, NL, A1B 4J6 or (709) 729-5849.