

OSAP Applicant's Consent to Release Personal Information Request

<hr/> Student Name	<hr/> Study Period
<hr/> Student Number	<hr/> Social Insurance Number
<hr/> E-mail Address	<hr/> Faculty

If you wish to have information from your OSAP file released by the ministry and the financial aid office at the University of Western Ontario to anyone other than yourself (e.g., your parent(s) or spouse), you must complete the following information and sign your consent. This consent applies to all information contained in your OSAP file for the 2011-2012 academic year and all prior academic years. Unless you withdraw it in writing, this consent is valid from the date you submit your 2011-2012 OSAP application, during your 2011-2012 academic year and for an additional 180 days after your period of study end date.

First Person's LAST NAME:

First Person's FIRST NAME:

First Person's Date of Birth:
D D M M Y E A R

Second Person's LAST NAME:

Second Person's FIRST NAME:

Second Person's Date of Birth:
D D M M Y E A R

Third Person's LAST NAME:

Third Person's FIRST NAME:

Third Person's Date of Birth:
D D M M Y E A R

This original signed "OSAP Consent to Release Information Request" must be mailed or hand delivered. NO FAXES!

 Student Signature

D D M M Y E A R

FOR OFFICE USE ONLY

Sent Online	Initials
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The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended.
 To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: <http://www.westerncalendar.uwo.ca/privacy.html>