Ontario

Ministry of Colleges and Universities
Student Financial Assistance Branch

OSAP
Release of Information to Others

Instructions

Use this form if you want to add or remove an individual from accessing information in your Ontario Student Assistance Program (OSAP) file. This consent is valid for a five year period starting from the date this form is processed. You can change your access information at any time by completing this form or updating the information online on the OSAP website (ontario.ca/osap). This consent impacts all of your OSAP applications for all academic years because it is part of your profile information.

Where to send your completed form

Students attending a school located in Ontario: Submit this form to the financial aid office at your school.

Students attending a school located outside of Ontario: Submit this form to: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario P7B 6G9.

Student information

Social insurance number:

Student number (if applicable):

First name:

Last name:

Telephone number:

Release of Information to Others

Individual 1

☐ **Add** ☐ **Remove**

Last name:

First name:

Date of birth:

Day Month Year

OSAP - Release of Information to Others

Social insurance number:

Release of Information to Others (continued)

Individual 2

☐ **Add** ☐ **Remove**

Last name:

First name:

Date of birth:

Day Month Year

Declaration of Student

I authorize the ministry or one of its authorized users (e.g. financial aid office staff at a postsecondary school) to release to the person(s) named on this form any information provided for the purposes of administering the Ontario Student Assistance Program (OSAP), including information related to any funding I may apply for or have already applied for. This consent is valid for a five year period starting from the date that this form is processed. I understand that I can either complete this form or go to the OSAP website (ontario.ca/osap) and either amend or revoke my consent for the person(s) named here or extend this consent for an additional five year period.

Signature of Student:

Date:

Day Month Year

Your personal information will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The ministry may collect, use and disclose your personal information to administer OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c.M. 19; R.R.O 1990, Reg. 774; R.R.O. 1990, Reg. 775; O. Reg. 268/01; O. Reg. 282/13 and O. Reg. 70/17 made under the Act. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; (807) 343-7260.