



DECLARATION AND CONSENT

Background

Nova Scotia Student Assistance staff will be onsite at your dependant's school to assist students with the online student loan application process. A completed student loan application includes parents'/step-parents' total income information, per last year's completed Revenue Canada tax returns. The following provisions, confirming the accuracy of the information you have already provided, form part of the online application. Since you will not be physically present to provide the necessary electronic consent, this form authorizes your dependant-applicant to do so in your place.

The following provisions will be presented to the applicant for consent on your behalf:

- I have given complete and true information knowing that it is an offense under the *Canada Student Financial Assistance Act*, the *Canada Student Loans Act* and the *Nova Scotia Student Aid* to knowingly make any false statements or misrepresentation in an application or other document, or to willfully furnish any false or misleading information.
- I understand that in the general administration and enforcement of the Student Assistance program my general information may be exchanged by and between the Nova Scotia Student Assistance Office, and its agents, all other provincial and federal government departments for use in administration, research, statistical analysis, and evaluations related to Student Assistance programs, whether or not the student is approved for any financial assistance.
- I understand that I am not liable for loans given to the applicant.
- I understand that Nova Scotia Department of Labour and Advanced Education's requirement of accurate and truthful disclosure of my information and that my information will be verified with the Canada Revenue Agency. If there are any discrepancies between information provided by me and the information provided by Canada Revenue Agency, the information from Canada Revenue Agency will be used in the assessment of this application.

In signing this Declaration and Consent form, I authorize to my dependant _____
(dependant name please print)
to acknowledge my understanding and acceptance of the above noted provisions.

Parent #1: My Social Insurance Number is _____ - _____ - _____.

Name (please print)	Signature	Date

Parent #2: My Social Insurance Number is _____ - _____ - _____.

Name (please print)	Signature	Date