

Form to be used by the student to inform Aide financière aux études that she is at least 20 weeks pregnant.

## Section 1 Student Information

Last name		Permanent code assigned by the Ministère	
_____		_____	
First name	Date of birth	Social insurance number	
_____	Y M D  _ _   _ _   _ _	_____	

## Section 2 Student Declaration

I hereby declare on this date to be at least 20 weeks pregnant and ask to benefit from the measure applying to pregnant women in the processing of my application for financial assistance for the current award year or the application to postpone the repayment of a student loan debt during a temporary interruption of studies. I certify that the information provided is accurate and complete and authorize the person mentioned on this form to submit the following information about me or my health to Aide financière aux études.

Student's signature  X  \_\_\_\_\_ Date Y M D  
|\_|\_| |\_|\_| |\_|\_|

## Section 3 Authorized Person's Statement

This section must be filled out by the attending physician or the midwife authorized to practise.\*

Attending physician     Midwife authorized to practise

Last name of authorized person		Telephone number of authorized person	
_____		Area code  _ _   _ _   _ _   _ _	
First name of authorized person	Number of physician's permit		
_____	_____		
Date of 20th week of pregnancy	Y M D  _ _   _ _   _ _	Expected delivery date	Y M D  _ _   _ _   _ _

This declaration cannot be signed before the date of the 20th week of pregnancy.

Signature  X  \_\_\_\_\_ Date Y M D  
|\_|\_| |\_|\_| |\_|\_|

\*According to the list of midwives authorized to practise by the Ministère de la Santé et des Services sociaux du Québec.