

#### DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY	' STUDENT						
1. Contributor's Social Insurance Number	Mr.	Mrs.	Contributor's Given N	lame and Initial	Last Name	Last Name	
	Ms.	Miss					
2. Your Social Insurance Number	Mr.	Mrs.	Your Given Name an	d Initial	Last Name		
	Ms.	Miss					
	Home Address (No., Street, Apt., R.R.) City						
3. Home Address	Province or Territory		Country other than Canada		Postal Code		
<ol> <li>Mailing Address (If different from home address)</li> </ol>	Mailing Address (No., Street, Apt., R.R.)		City		1		
	Province or Territory			Country other than Canada		Postal Code	
5A. Student ID Number	5B. Name of School, University, College, Junior College, Training Center, etc.						
6A. Type of Enrollment (if "Evening" or in Number 8)	se provide	e an explanation	6B. Number of Courses	6C. Enrolled In (Specify Cours	e, Grade or Program)		
Full Time	Evening Time	)	Other				
7A. Number of hours you are required per week for course, grade or prog	to attend ram.	7B. Whe atter	n did or will your currer ndance begin?	nt	7C. When will your current attendance end?		
			C C	Year Month		Year Month	
Hours per week			•		▶		
<ul> <li>9. Have you applied for or are you receiving a Canada Pension Plan Benefit as a result of the disability or death of a contributor not identified in 1. Above?</li> <li>No</li> </ul>							
IT IS AN	OFFENCE T	O MAKE	A FALSE OR MISLEA	DING STATEMENT I	N THIS DECLARATION		
I hereby declare that, to the best of my interrupt or terminate my attendance Administration with information regardir	at school or u	iniversity.	I hereby authorize the				
Date Signature of Student					Telephone Number		
SECTION B - TO BE COMPLETED BY	SCHOOL C		RSITY				
To the best of our knowledge and belie Additional Comments:	f, the answer	rs to the qu	uestions in Section A a	bove, are correct unle	ess otherwise stated below:		
Does the above noted course load means at your school or university?	et or exceed t	the minimu	um requirement to be c	onsidered a full-time s	student Yes	No No	
Name and Address of School or University		Name of Autho	rized Person				
			Signature				
			Title				
			Date	Telephone Number			
ISP-1401C-12-06 E Internet Version		Ce form	ulaire est disponible en	français - ISP-1401 F	F	Canada	



# **Service Canada Offices**

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

#### NEWFOUNDLAND AND LABRADOR

Service Canada P.O. Box 9430 St. John's NL A1A 2Y5

#### PRINCE EDWARD ISLAND

Service Canada P.O. Box 20105 Sherwood Postal Outlet Sherwood PE C1A 9E3

#### **NOVA SCOTIA**

Service Canada P.O. Box 1687 Postal Station "M" Halifax NS B3J 3J4

#### **NEW BRUNSWICK**

Service Canada P.O. Box 250 Fredericton NB E3B 4Z6

#### QUEBEC

Service Canada P.O. Box 1816 Quebec QC G1K 7L5

#### ONTARIO (Scarborough)

Service Canada P.O. Box 5100 Postal Station "D" Scarborough ON M1R 5C8

# **ONTARIO** (Timmins)

Service Canada P.O. Bag 2013 Timmins ON P4N 8C8

### **ONTARIO** (Chatham)

Service Canada P.O. Box 2020 Chatham ON N7M 6B2

#### MANITOBA AND SASKATCHEWAN

Service Canada P.O. Box 818 Station Main Winnipeg MB R3C 2N4

# ALBERTA / NORTHWEST TERRITORIES

AND NUNAVUT Service Canada P.O. Box 2710 Main Station Edmonton AB T5J 4C2

# **BRITISH COLUMBIA AND YUKON**

Service Canada P.O. Box 1177 Victoria BC V8W 2V2

Ce formulaire est disponible en français - ISP-3501F

