



2006-2007 Consent to Release Information PROVINCIAL TRAINING ALLOWANCE

By completing this form you authorize Saskatchewan Student Financial Assistance Branch and/or your school to release personal and financial information regarding your Provincial Training Allowance (PTA) account(s) to the individual noted below.

I _____, _____, give
(Student) (Social Insurance Number)

_____ permission to access all
(Name of Individual(s) you are authorizing to receive information on your behalf)

my personal and financial information with regards to my PTA authorized by Saskatchewan Student Financial Assistance Branch.

I understand that by signing this form, information may be released to the above noted party only after a full verification of **my** account information (Full Name, Date of Birth and Social Insurance Number) is completed.

This consent will be valid **ONLY** for the school year in which it is signed. If I choose to revoke this *Consent to Release Information* before the end of the school year, I may do so at any time by submitting a written letter to Saskatchewan Student Financial Assistance Branch and/or my school.

(Student Name, Please Print)

(Student Signature)

(Date Signed)

Fax or mail a copy to the Saskatchewan Student Financial Assistance Branch and give a copy to your school.

Saskatchewan Advanced Education and Employment

Fax: (306) 787-0760

Phone: 1-800-597-8278

Mail:

Student Financial Assistance Branch
4635 Wascana Parkway
Box 650
Regina, SK S4P 3A3