



Signing Authority

*For Post-Secondary Schools designated for
Canada-Saskatchewan Integrated Student Loans*

School Name: _____

Date: _____

Location: _____

The following person(s) has (have) signing authority for the above school for all student loan documents:

1. _____
Name Title

*

Signature Specimen

2. _____
Name Title

*

Signature Specimen

Please **delete the following name(s)** from the Signing Authority dated _____

1. _____

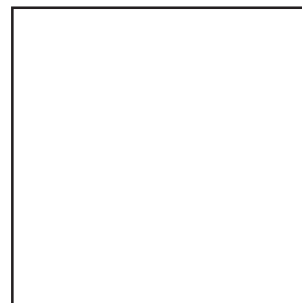
2. _____

Approved by:

Signature of Principal

Name of Principal

Address/Location of School



School seal or stamp
must be placed in space above

*Return this completed form to Student Financial Assistance Branch at the above address and retain a copy for your records. **IF ANY CHANGES TO THE ABOVE INFORMATION OCCUR, PLEASE FORWARD A REVISED FORM IMMEDIATELY TO THE ABOVE ADDRESS.***

Only individuals approved by these Signing Authority forms may sign student assistance documents on behalf of your school. Complete additional Signing Authority forms if you require more space.