

DECLARATION OF ATTENDANCE AT SCHOOL OR UNIVERSITY

SECTION A - TO BE COMPLETED BY STUDENT

1. Contributor's Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Contributor's Given Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name
2. Your Social Insurance Number	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Your Given Name and Initial <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name
3. Home Address	Home Address (No., Street, Apt., R.R.) City	
	Province or Territory	Country other than Canada Postal Code
4. Mailing Address (If different from home address)	Mailing Address (No., Street, Apt., R.R.) City	
	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 "Other", please provide an explanation in Number 8) <input type="checkbox"/> Full Time <input type="checkbox"/> Evening Time <input type="checkbox"/> Other	6B. Number of Courses	6C. Enrolled In (Specify Course, Grade or Program)
7A. Number of hours you are required to attend per week for course, grade or programme. Hours per week ▶	7B. When did or will your current attendance begin? Year Month ▶	7C. When will your current attendance end? Year Month ▶
8. Give duration and reasons for any absence(s) during your current and past academic year plus any additional explanation with reference to question 6A above.		
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?		<input type="checkbox"/> Yes Social Insurance Number of that Contributor <input type="checkbox"/> No ▶

IT IS AN OFFENCE TO MAKE A FALSE OR MISLEADING STATEMENT IN THIS DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete. I understand to notify Service Canada should I **interrupt** or **terminate** my attendance at school or university. I hereby authorize the above school or university to provide the Canada Pension Plan Administration with information regarding my enrollment and attendance.

Date	Signature of Student	Telephone Number ()
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SECTION B - TO BE COMPLETED BY SCHOOL OR UNIVERSITY

To the best of our knowledge and belief, the answers to the questions in Section A above, are correct unless otherwise stated below:
Additional Comments:

Does the above noted course load meet or exceed the minimum requirement to be considered a full-time student at your school or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of School or University	Name of Authorized Person
	Signature
	Title
	Date Telephone Number ()

Service Canada delivers Human Resources and Social Development Canada (also known as Human Resources and Skills Development Canada) programs and services for the Government of Canada.



Service
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
PO Box 9430
Station A
St. John's NL A1A 2Y5

ONTARIO (Timmins)

Service Canada
PO Box 2013
Station Main
Timmins ON P4N 8C8

PRINCE EDWARD ISLAND

Service Canada
PO Box 8000
Station Central
Charlottetown PE C1A 8K1

ONTARIO (Chatham)

Service Canada
PO Box 2020
Station Main
Chatham ON N7M 6B2

NOVA SCOTIA

Service Canada
PO Box 1687
Station Central
Halifax NS B3J 3J4

MANITOBA AND SASKATCHEWAN

Service Canada
PO Box 818
Station Main
Winnipeg MB R3C 2N4

NEW BRUNSWICK

Service Canada
PO Box 250
Station A
Fredericton NB E3B 4Z6

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
PO Box 2710
Station Main
Edmonton AB T5J 2G4

QUEBEC

Service Canada
PO Box 1816
Station Terminus
Quebec QC G1K 7L5

BRITISH COLUMBIA AND YUKON

Service Canada
PO Box 1177
Station CSC
Victoria BC V8W 2V2

ONTARIO (Scarborough)

Service Canada
PO Box 5100
Station D
Scarborough ON M1R 5C8