

Reserved for Aide financière aux études

Ce formulaire s'adresse à la personne qui désire donner ou annuler son consentement à la communication de renseignements personnels contenus dans son This form is intended for any person who wishes to consent to the release of personal information in his or her Aide financière aux études (AFE) file or to withdraw such consent. The information referred to concerns **the awarding of financial assistance** and not the **repayment of student debt**.

Sections 1, 2, 3 and 4 must be filled out by the person **giving consent** to the release of applicant's personal information. Giving this consent authorizes the employees of Aide financière aux études of the Ministère, to release personal information to the person designated in section 2, for the period specified in section 3 (up to a maximum of three years from the effective date of consent). This consent does not apply to information that could be obtained by AFE from Revenu Québec for income verification purposes.

Sections 1 and 5 must be filled out by the person **withdrawing consent** to the release of personal information. Consent may be withdrawn at any time.

Section 1 – Person giving or withdrawing consent

Student Student's father, mother, sponsor or spouse

Last name	Permanent code assigned by the Ministère	
<input type="text"/>	<input type="text"/>	
First name	Date of birth	Numéro d'assurance sociale
<input type="text"/>	<input style="text-align: center;" type="text"/> Y M D	<input type="text"/>

Section 2 – Person to whom information may be released

Last name			
<input type="text"/>			
First name		Date of birth	
<input type="text"/>		<input style="text-align: center;" type="text"/> Y M D	
Number	Street	Direction (North, South, East, West)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Apartment	Municipality		
<input type="text"/>	<input type="text"/>		
Municipality (cont.)	Province	Postal code	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="text-align: center;" type="text"/> Area code Extension

Section 3 – Consent

I,

Last name (in block letters)	First name (in block letters)
<input type="text"/>	<input type="text"/>

, hereby consent to the release of personal information about me in my AFE file held by the Ministère to the person designated in section 2.

Specify, if applicable, the extent of your consent (particular items of information or exclusions):

Effective date (You must enter a date.)	Validity end date (You must enter a date.)
<input style="text-align: center;" type="text"/> Y M D	<input style="text-align: center;" type="text"/> Y M D

You may withdraw your consent at any time prior to the above end date by sending us an amended form (Sections 1 and 5).

