



This form must be completed by individuals who wish to authorize a third party to act on their behalf when dealing with the Direction de la gestion des prêts of Aide financière aux études.

Section 1 Applicant's Personal Information

Last name Permanent code assigned by the Ministère

First name

Number Street Direction (North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code

Country

E-mail address

Section 2 Authorization

I hereby authorize the Service de la gestion des programmes et des comptes, the Service des réclamations or the Service du recouvrement to provide _____ with any information in my file and, if applicable, to work out the repayment terms and conditions of my student loan with this person.

Name of the authorized person

Date

Applicant's signature

Section 3 Signature

I certify that all the information provided is accurate and complete.

Date

Applicant's signature