

This form is to be used by individuals that want to authorize a mandatary to act on their behalf in negotiations with Aide financière aux études regarding student loan debt repayment, or that want to revoke a previous power of attorney. Information on this form relates only to the **repayment of student loan debt**, not to the **awarding of financial assistance**.

Sections 1 and 2 are to be completed by an individual that wants to **authorize a mandatary** to receive any information held in their student loan file and, if applicable, negotiate the terms and conditions of repayment of their student loan debt. The Power of Attorney will expire three years after signature unless revoked by the individual or his or her mandatary at an earlier date.

Sections 1 and 3 are to be completed by individuals wishing to **revoke a Power of Attorney**.

Please submit this fully-executed form by uploading it right into your online file.

Section 1 – Personal Information of the Applicant giving or revoking a Power of Attorney

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 – Power of Attorney

I hereby authorize Aide financière aux études staff to release all information in my file to _____,
Name of authorized mandatary (in block letters)

whose address is _____
Address of authorized mandatary (in block letters)

and, if applicable, to negotiate the terms and conditions of the repayment of my student loan debt with this individual.

Date
Y M D

Applicant's signature X

Section 3 – Revocation

I hereby revoke the Power of Attorney previously given to _____ .
Name of authorized mandatary (in block letters)

Date
Y M D

Applicant's signature X