

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 Consent may be withdrawn at any time.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

First name Date of birth Numéro d'assurance sociale

Y M D

Section 2 – Person to whom information may be released

Last name

First name Date of birth

Y M D

Number Street Direction

(North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code Telephone number Extension

Area code

Section 3 – Consent

I,

Last name (in block letters) First name (in block letters)

, 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.)

Y M D 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).

Section 4 – Signature

I,

Last name (in block letters)

First name (in block letters)

, hereby authorize the employees of Aide financière aux études of the Ministère to release the information specified in section 3.

Signature X

Date

Section 5 – Withdrawal of consent

I,

Last name (in block letters)

First name (in block letters)

, hereby withdraw my consent to the release of personal information contained in my AFE file to:

Last name of the designated person (in block letters)

First name of the designated person (in block letters)

Signature X

Date

Protection of personal information

The personal information collected by the Ministère is required for the performance of its functions and is treated confidentially. In accordance with this consent, the Ministère will release only the information specified above to the person designated to receive it. You may exercise your right to access the personal information that the Ministère collects about you or to request the correction of such personal information by contacting the person at the Ministère who is responsible for access to documents and the protection of personal information.

How to submit the form

You may send us your duly completed and signed form by uploading it into your online file, under the *Submit a document* tab. To find out how to proceed, follow the instructions in the *Submit a document* section of the AFE website (Quebec.ca/student-financial-assistance).

Note that you must use this form to give or withdraw your consent to the release of personal information. No changes will be accepted by telephone.