## Université Concordia University FINANCIAL AID & AWARDS OFFICE US PROXY AUTHORIZATION FORM

Student Information (please print)

Academic Period:

Legal last name:



Subject to the exceptions set out in the *Act respecting access to documents held by public bodies and the protection of personal information*, Concordia University is not authorized to communicate your personal information to another person without your consent. If you wish to allow the release of personal information to a third party, including information on your Financial Aid & Awards file, you must complete and submit this authorization form. A new, completed, signed, and dated US Proxy Authorization Form is required each academic year. *The student has the right to revoke the proxy authorization at any time by notifying the Financial Aid & Awards Office.* 

Concordia student ID number:

Legal First Name

Date of birth	Cell number:		
	<u> </u>		
Authorization to make inquirie	es into my Financial Aid & Awards file by phon	ne, email or in-person	Initials
Consent to access my educational records with regards to my Financial Aid eligibility:			Initials
hereby authorize the person liste  Third Party (PROXY) Information (p	d below to serve as my proxy for the following blease print)	ng selected and initia	led transactions above.
Legal Last name:	Legal First Na	ame	
Address:		City	
Prov/State:	Postal/ZIP Code:	Countr	ry:
Home Phone	Cell Phone:		
Email address:	·		
providing a copy of my document (or likeness) and that of my proxy exact, and complete copies of the I understand that providing false	, am the, also a copy of a valid government-issue. It is a copy of a valid governments and go e originals issued to me.  and misleading information or documents is punds received on the basis of the information a	ued photo identification overnment issued pho ounishable by fine or in	n card bearing my portrait to identification are the true, mprisonment and may make
me nazie ier i epayment er any ie			p. o dod.
In witness whereof I sign	Student's Signature	on	Date: (mm/dd/yyyy)
	Student's Signature		Date: (mm/dd/yyyy)
In			
-	Place		
Declared before me	ablic/Attorney-at-Law/Commissioner of Oath	on	Date: (mm/dd/yyyy)
Notary Pa	ibiic/Attorney-ut-Luw/Commissioner of Outil		
			Date: (mm/dd/yyyy)
	Print First and Last Name		Date: (mm/dd/yyyy)

Notice of collection of Personal Information. The personal information on this form is collected in accordance with the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1 Quebec) and with Concordia University's Policy Concerning the Protection of Personal Information (SG-9). For more information, please visit the Office of the Secretariat online at: <a href="https://www.concordia.ca/about/administration-governance/secretariat.html">https://www.concordia.ca/about/administration-governance/secretariat.html</a>

