Garden River First Nation Education Unit
48 Syrette Lake Road, GARDEN RIVER, ON, P6A 7A1

CONSENT TO DISCLOSE AND VERIFY INFORMATION

1. I, _____, consent to the release of information to an authorized representative of the
(Print Full Name of Applicant)
GARDEN RIVER FIRST NATION for the purpose of determining or verifying my initial and/or ongoing eligibility for Post-Secondary Educational Assistance (PSEA), administering my PSEA, or collecting information about me, my spouse or common-law partner (where they have joined in this consent), my dependents or child(ren) in my care, for these purposes, and

2. Without restricting the generality of the consent in section 1, I specifically consent to the exchange of information between departments of the GARDEN RIVER FIRST NATION, the Ministry of Community & Social Services of Ontario, Ontario Works, the Government of Canada, the Government of any other province, any other First Nation and/or any agency thereof, for the purpose of determining or verifying my initial and/or ongoing eligibility for the Post-Secondary Educational Assistance, administering my PSEA, or collecting information about me, my spouse or common-law partner (where they have joined in this consent), my dependents or child(ren) in my care, for these purposes, and claimed herein, and

3. I acknowledge that I am providing the above-noted consents in connection with my application for Post-Secondary Educational Assistance under the Indian Act. I agree that the information herein is true and shall apply for the purposes of determining or verifying my initial and ongoing eligibility for Post-Secondary Educational Assistance, administering my PSEA, or collecting information about me, my spouse or common-law partner (where they have joined in this consent), my dependents or child(ren) in my care, for these purposes, and I further understand that the inquiries may take the form of electronic data exchanges. ***I also realize that I am responsible for reporting any changes to this allowance claim***.

_____ _____ - _____ - _____ _____
Signature of Applicant **Social Insurance Number** **Date**

I, _____, am the ***dependent*** spouse or common-law partner of the above-named
(Print Full Name of Spouse)
applicant. I have read the *Consent to Disclose and Verify Information* and I join in the consents.

_____ _____ - _____ - _____ _____
Signature of Spouse/Common-Law Partner **Social Insurance Number** **Date**

First Nation Member: ☐ yes ☐ no _____ _____
Name of First Nation **Registry Number**

I realize that if my spouse is attending post-secondary school and a member of a First Nation, that only one of us may claim dependents (spouse, common-law partner and/or child(ren)). The other must claim as "married with an employed spouse with no dependents". Verification of such must be submitted.

I have claimed the following **child(ren)** ***(under 18 years of age)*** **as my dependent(s) living with me in my home:**

Name	**Date of Birth**	**Name**	**Date of Birth**
Name	**Date of Birth**	**Name**	**Date of Birth**

I, _____, am a dependent child (between the age of 18 and 20 years) of the above-named applicant. I have read the *Consent to Disclose and Verify Information* and I join in the consents.

_____ _____ - _____ - _____ _____
Signature of Dependent Child **Social Insurance Number** **Date**

I have claimed my child(ren) ***between the age of 18 and 20 years*** because they are ***living with me in my home***, are enrolled full-time in high school, are ***unemployed and not in receipt of any social assistance***. ***If***, at any time, ***they leave my home, high school or become employed or receive social assistance***, ***I will report this immediately***. If not reported, I realize ***I will be responsible for repayment*** of any monies issued after they leave my home, become employed, withdraw from high school, or receive social assistance.

REVISED: May 1, 2013