



LETTER OF DIRECTION / AUTHORIZATION FOR MAILING

Student Name

Study Period

Student Number

Faculty/Year

Email Address

Phone Number

This form serves to inform Student Financial Aid at Western University that I am unable to receive my Part-Time OSAP funding in person. I authorize Student Financial Aid to mail any funding to the address below. I understand that it is not the responsibility of Student Financial Aid for any misdirected mail as a result of this request.

I understand that I **MUST** provide proof of:

1. Social Insurance Number (SIN). Acceptable proof: Social Insurance Card (original card or photocopy) or an official Government of Canada document indicating your Social Insurance Number (e.g., Confirmation of Social Insurance Number from Service Canada); and
2. Government-issued Photo Identification. (Valid Driver's License, Passport, Permanent Resident card etc.)

Please Print:

1. Name: _____

2. Mailing Address:
(For students outside
of London, Ont only)

Postal Code _____

Phone Number (_____) _____

Student Signature: _____ Dated: _____

Please return this form and ALL supporting documentation to:

Western University - Student Financial Aid - Western Student Services Building - Room 1100
London, ON - N6A 3K7 - Tel. (519) 661-2100 - Fax (519) 850-2394

FOR OFFICE USE ONLY

Date 1st installment sent: _____ Initials _____ Date 2nd installment sent: _____ Initials _____

The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended.
To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: <http://westerncalendar.uwo.ca/2015/pg5.html>