

**Tuition Bursary Program for Dependants & Spouses  
Declaration of Consent Form**

**To be completed by the Student (Dependant or Spouse of Eligible Employee):**

Your confirmation of personal information and signed authorization are required to collect confidential information about you for purposes of administration of the McMaster University Tuition Bursary Program for Dependants & Spouses of eligible McMaster University employees (the "Program").

Please complete this form and attach it to the Payment Application Form in Mosaic where indicated to complete your application for tuition reimbursement. This authorization will remain in effect for the current bursary benefit application.

Name of Student: \_\_\_\_\_

I am the Dependant or Spouse of \_\_\_\_\_ (*insert name of McMaster University Employee*)

Mailing Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

I certify that the information in this Confirmation and Authorization Form is true and correct. False information submitted may result in the cancellation of the tuition bursary benefit from McMaster University. I further agree that any personal information regarding this Application for Tuition Bursary may be discussed with the employee (named above), including information about my student status and course/program information.

I consent to the collection by McMaster University of my personal information, including social insurance number and mailing address, which I understand will be used by McMaster University solely for the purpose of processing a payment by cheque to me and issuing a T4A under the Tuition Bursary Program for Dependants & Spouses. I understand that my tuition bursary benefit cheque and T4A will be mailed to the address provided by me on this form.

Should the tuition bursary benefit cheque or T4A be returned, McMaster University may contact the McMaster University employee (named above) directly to obtain additional information.

I acknowledge that I am electronically signing this form.

Student Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**To be completed by the Eligible Employee:**

By checking this box, I understand that I am electronically signing this form.

**Protection of Personal Information:**

All personal information collected is handled in compliance with McMaster University's *Statement on Collection of Personal Information and Protection of Privacy* and the *Freedom of Information and Protection of Privacy Act of Ontario (FIPPA)*.

Please complete and submit this form through Mosaic with your Payment Application information not later than September 30<sup>th</sup>.