Awards Office 202 Pigiarvik 613-520-3600 awards@carleton.ca

OSAP Exchange Supporting Information Form

Instructions Apply for OSAP on-lin Print off and sign your Detach and complete Attach form below to y Awards Office at Carle	Consent, Declaration form below rour Consent, Declara	· ·	Pages and return to the
Once your Signature Sheets <u>and</u> Exch Office, a Financial Aid Administrator w what is required to arrange the release	ill contact you (via My		
If you would like to authorize someone submit a Third Party Authorization For			, please complete and
	DETACH		
OSAP Exch	ange Supporting	Information For	rm
Student Information (to be complete	ed by the student)		
First name			
Last name			
Student number			
Study Period Information			
Exchange institution and locat	ion:		
I will be on exchange from:	to _		
	, ,	day/month/year	
Confirmation of your study-period selections ISSO office or your host educations		e required (these dates	can be obtained from the
I will be leaving Canada on:			
	day/month/	year	
Student Signature		 Date	

At Carleton University, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential. In accordance with section 41 of the Freedom of Information and Protection of Privacy Act, Carleton University will only use the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; for the purpose for which it was collected or a consistent purpose (i.e. a purpose which the individual might have reasonably expected).