

## **Purpose**

Use this form if you can't log into the Ontario Student Assistance Program (OSAP) website because you don't know your OSAP Access Number (OAN) and/or your password.

Reminder: There are self-service online features on the OSAP login page if you have forgotten your password and/or your OAN.

## **Instructions**

### **In-Person Validation and Form Completion**

Complete and sign Section A. Then take Section B, along with proof of your Social Insurance Number (SIN) and one piece of government-issued photo ID (as outlined below), in person to an authorized third party official.

### **Remote/Videoconference Validation and Form Completion**

Complete and sign Section A. Then send Section B electronically to an authorized third-party official. When you meet remotely with an authorized third-party official to view your documentation, show proof of your Social Insurance Number (SIN) and one piece of government-issued photo ID (as outlined below). Proof of your SIN and photo ID should not be sent electronically (e.g., uploaded to a website, emailed) but shown to the official during the videoconference.

- Note: authorized third-party officials must have adequate security and privacy measures in place (e.g., secure platform, protection of privacy) to meet with an applicant, validate identity and view documentation remotely.

The third party official will confirm your identity based on your documentation provided in person or viewed remotely via videoconference. The documentation provided must be valid (e.g., not expired), original documents (not photocopies) and readable.

#### **Examples of Acceptable Proof of SIN:**

- SIN card
- a Government of Canada document that contains your SIN
- a letter from Service Canada that contains your SIN.

#### **Government-issued Photo ID includes:**

- valid photo ID issued by the Government of Canada (e.g., passport, Permanent Resident card).
- valid photo ID issued by any Canadian provincial or territorial government (e.g., driver's licence).

#### **Third-Party Official Authorized to Complete Section B**

- a physician
- a Notary Public
- a senior postsecondary or secondary school official (i.e., principal, vice-principal, financial aid administrator, registrar, school president or owner)

## **Where to Send this Form**

Send this completed form to:

Student Financial Assistance Branch  
Ministry of Colleges and Universities  
189 Red River Road, 4th Floor  
PO BOX 4500  
Thunder Bay, Ontario  
P7B 6G9

## **What Happens Next**

Once your request has been processed and approved, you'll be sent a letter containing your temporary password or your OAN. If you indicated you forgot both your password and OAN, this information will be provided in separate letters mailed to the address you provide in Section A.

## **Questions?**

General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Time)

- Telephone: 807-343-7260
- Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
- TTY: 1-800-465-3958

## Section A: Personal Information

**Social Insurance Number:**

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**Last name:**

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**First name:**

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### Mailing Address

**Street number and name, rural route, or post office box:**

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**Apartment:**

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**Street number and name, rural route, or post office box:**

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**Province or state:**

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**City, town, or post office:**

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**Postal code/Zip code:**

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**Country:**

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**Area code and telephone number:**

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### Information Required

**What information did you forget? (Check all that apply)**

☐ OSAP Access Number (OAN)

☐ Password

### Declaration

I confirm that the above information is complete and true. In addition, I understand that I must meet face-to-face or remotely via videoconference with an authorized third-party official and provide or show proof of my SIN and one piece of Canadian federal, provincial or territorial government-issued photo identification for purposes of confirming my identity. Information from these documents (my first and last name, SIN, and type of documents viewed) will be recorded as part of this confirmation process.

**Signature of Applicant:**

**Date:**

Day Month Year

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The Ministry of Colleges and Universities (ministry) collects your personal information in order to provide you with your OAN and/or your password under the authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, c. M.19, R.R.O. 1990, Reg. 774, R.R.O. 1990, Reg. 775, O. Reg. 268/01, O. Reg. 282/13, O. Reg. 70/17, and O. Reg. 768/20 made under the Act, as amended. The personal information on this form will become part of your OSAP file. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road 4th Floor, Thunder Bay, Ontario P7B 6G9; 807-343-7260.

## **Section B: Confirmation of Identity By An Authorized Third-Party Official**

### **Instructions for the Authorized Third-Party Official Asked to Complete this Form**

The individual providing you this form needs their identity confirmed for purposes of the Ontario Student Assistance Program (OSAP). The individual must present you proof of their Social Insurance Number (SIN) as well as one piece of government-issued photo identification (ID) from Canada (as outlined, below).

Indicate the documents presented to you in the sections below. Do NOT record any other information regarding the documents other than the first and last name that appears on each document, as well as the SIN indicated on the proof of SIN document. The documents presented to you must be original documents (not photocopies), valid (e.g. not expired), signed (if applicable), legible and either provided in person or shown remotely via videoconference by the individual listed on the document.

### **Confirmation of Individual's Identity**

#### **Indicate Proof of Social Insurance Number (SIN):**

☐ SIN card    ☐ Letter from Service Canada

☐ Other - specify: \_\_\_\_\_

9-digit SIN listed on document: \_\_\_\_\_

First name listed: \_\_\_\_\_ Last name listed: \_\_\_\_\_

#### **Indicate Government-issued Photo:**

☐ Canadian Passport    ☐ Driver's licence. Indicate issuing province/territory: \_\_\_\_\_

☐ Canadian Permanent Resident/Citizenship Card

☐ Other - specify: \_\_\_\_\_

Individual's name as listed on the document:

First name listed: \_\_\_\_\_ Last name listed: \_\_\_\_\_

### **Authorized Third-Party Official Details**

**First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Area code and telephone number:** \_\_\_\_\_ **ext.** \_\_\_\_\_

#### **Occupation:**

☐ Physician (Provide official stamp on this form.)

Provincial/Territorial Licence #: \_\_\_\_\_

☐ Notary Public (Provide official stamp on this form.)

☐ Senior secondary or postsecondary institution official (Provide official stamp on this form.)

Name of School: \_\_\_\_\_

Position/Role:

☐ President    ☐ Principal    ☐ Vice-principal    ☐ Financial aid administrator    ☐ Registrar

☐ Owner    ☐ Other - specify: \_\_\_\_\_

**Official stamp of third-party:**

Note: an electronic stamp is acceptable when an original stamp is not available; if you do not have a stamp, or are unable to provide one, please sign and attach your letterhead to this form.

**Declaration of Authorized Third-Party Official**

I confirm that I have met either face-to-face or remotely via videoconference (with adequate security and privacy measures in place) with the individual listed above, viewed the original versions of the documents I have indicated and the information I have noted matches the information on their documentation. In addition, the information I have provided about myself is complete and true.

**Signature:**

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**Date:**

Day    Month    Year

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