Use this form if you can’t log into the 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

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. The third party official will confirm your identity based on your documentation provided. The documentation provided must be valid (e.g., not expired), original documents (not photocopies) and clearly readable.

Examples of Acceptable Proof of SIN:
• SIN card
• a Government of Canada document that contains your complete 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 senior postsecondary or secondary school official (i.e., principal, vice-principal, financial aid administrator, registrar, school president or owner)
• a Notary Public

Where to Send this Form
Send this completed form to:
    Student Financial Assistance Branch
    Ministry of Advanced Education and Skills Development
    189 Red River Road, 4th Floor
    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 provided in Section A.

Questions?
General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Standard Time)
• Telephone: 807-343-7260
• Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
• TTY: 1-800-465-3958

May 31, 2017
Section A: Personal Information

Social Insurance Number: 

Last name: 

First name: 

Mailing Address

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

Apartment: 

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

Province or state: 

City, town, or post office: 

Postal code/Zip code: 

Country: 

Area code and telephone number: 

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 with an authorized third party and provide 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

The Ministry of Advanced Education and Skills Development (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, Regulations 774 and 775 and O. Regs. 268/01 and 118/07. 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 you can contact the Director, Student Financial Assistance Branch, Ministry of Advanced Education and Skills Development, PO Box 4500, 189 Red River Road 4th Floor, Thunder Bay, Ontario P7B 6G9 or call 807-343-7260.
Section B: Confirmation of Identity By Authorized Third Party

Instructions for the Authorized Third Party 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 provide you with 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. The documents presented to you must be original documents (not photocopies), valid (e.g. not expired), signed (if applicable) and legible and provided in person by the individual listed on the document.

Confirmation of Individual’s Identity

Indicate Proof of Social Insurance Number (SIN) provided:

☐ SIN card  ☐ Letter from Service Canada
☐ Other - specify: __________________________________________________________________________

9-digit SIN listed on document: __________________________
First name listed: __________________________ Last name listed: __________________________

Indicate Government-issued Photo provided:

☐ 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 Details

First name: __________________________ Last name: __________________________
Area code + telephone number: __________________________ ext. ____________

Occupation:
☐ Notary Public (Provide your official stamp on this form.)
☐ Senior secondary or postsecondary institution official
   Name of School: ________________________________________________________________________
   Position/Role:
   ☐ President ☐ Principal ☐ Vice-principal ☐ Financial aid administrator ☐ Registrar
   ☐ Owner ☐ Other - specify: ________________________________________________________________________

Declaration of Authorized Third Party

I confirm that I have met fact-to-face 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: __________________________________________
Date:
Day __ Month __ Year ____________