

**Purpose**

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 Colleges and Universities  
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 Time)

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



## 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 face-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

\_\_\_\_\_

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