



Student Financial Services
 Department of Workforce and Advanced Learning
 176 Great George Street, Suite 212
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AGREEMENT TO ACCESS THE CONFIRMATION OF ENROLMENT PORTAL

Name of Institution (please print)	EI Code
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SUPER USER (EI official who has *primary* responsibility for confirming full-time enrolment):

Name (please print)	Position/Title
Email Address	Phone Number

USER (other EI officials who have responsibility for confirming full-time enrolment):

1	Name (please print)	Position/Title
	Email Address	Phone Number
2	Name (please print)	Position/Title
	Email Address	Phone Number

I assign the above-noted official(s) the authority and responsibility for electronically confirming full-time enrolment for the purpose of disbursing awards authorized by the Prince Edward Island Student Financial Services on behalf of the above-named institution.

Signature (Super User)	Position/Title
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Name of Educational Institution

Please complete and return to the attention of the Manager of Student Financial Services.