



**For persons unable to provide SUSI with a letter from the Department of Justice outlining their Permission to Remain in the State**

<b>Applicant's Name</b>	
<b>SUSI Application Number</b>	
<b>Applicant's PPSN</b>	
<b>Applicant's GNIB/ IRP Number</b>	
<b>Person ID Number</b>	
<b>Legacy Reference</b>	

**Consent of Applicant**

**I consent for SUSI to contact the Department of Justice on my behalf in relation to my permission to remain in the State for the purpose of assessing my eligibility for a student grant. I understand that I can withdraw my consent at any time.**

<b>Signature of Applicant:</b>	<b>Date:</b>
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Should you wish to withdraw your consent, please email [sar@susi.ie](mailto:sar@susi.ie) and mark for the attention of the Compliance Officer. Please include the SUSI application number, your name and detail that you wish to withdraw your consent.