



## Nationality details of a person not a party to a Grant Application

Applicant's Name	
Applicant's W Number	

Name of Irish national (on which your permission to remain in the State is based)	
Address of Person	

### Consent of Person

I consent to providing SUSI with the above information and for SUSI to process this information to verify details for the purpose of assessing the eligibility of the named applicant's nationality under Section 14 of the Student Support Act 2011 and Regulation 5 of the Student Support Regulations 2018. I understand that I can withdraw my consent at any time.

Signature of Person (whose Irish Nationality is to be considered)		Date:
Signature of Applicant		Date:

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 detailing that you wish to withdraw your consent.

**Please Note: Forms that are not signed by all parties will not be accepted by SUSI. This will result in delays when processing your application.**