



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

|                              |  |
|------------------------------|--|
| Applicant's Name             |  |
| Applicant's W Number         |  |
| Applicant's PPSN             |  |
| Applicant's GNIB/ IRP Number |  |
| Person ID Number             |  |
| Legacy Reference             |  |

### Consent of Applicant

I consent for SUSI to contact the Department of Justice and Equality 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 anytime.

|                         |       |
|-------------------------|-------|
| 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.