



## For persons unable to provide SUSI with a letter from the Department of Justice 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 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:
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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 detailing that you wish to withdraw your consent.