

# SU FUNDING OPPORTUNITIES: CONSENT FORM for e-application

## A Where are you in the application process

We need to verify your, your parent(s)/legal guardian(s) employment status and level of income so your application can be processed. By signing this form, you give us consent to verify your information.

## B We need consent to verify your application information

Who we require consent from

Bursary and funding applications are considered based on household income. This is why we require consent from the student, the student's parent(s) or legal guardian(s)/guardian(s), and the student's spouse (if the student is married).

Who we use to verify information

We are going to use an SU-approved, external company to verify your information against public records and the records kept by credit bureaus.

What we use your information for

We use your information to: assess and process your information; verify your academic record; confirm and verify your identity; and audit and keep records.

### C Your consent

I give my consent to:

- Stellenbosch University (SU) to use an external company to verify my information against the records kept in public records and by the credit bureau; and
- the South African Revenue Services (SARS) to disclose taxpayer information they have on record.
- SU to share my information with external funders and donors so they may consider me for any potential funding opportunities.

#### D Your personal information

PLEASE NOTE THAT EVEN IF YOU ARE OVER 18, YOUR PARENT(S) OR LEGAL GUARDIAN(S)/GUARDIAN(S), AND SPOUSE (IF YOU ARE MARRIED) *MUST* ALSO SIGN THIS FORM

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1	The Student	ID NUMBER													
	FIRST NAME(S)														
	SURNAME														
	SIGNATURE			DATE		D	D	/	M	M	/	2	0	Υ	Υ
						1									
2	Parent/Guardian 1	ID NUMBER													
	FIRST NAME(S)														
	SURNAME														
	SIGNATURE			DATE		D	D	/	M	$\mathbb{N}$	/	2	0	Υ	Υ
3	Parent/Guardian 2	ID NUMBER													
	FIRST NAME(S)														
	SURNAME														
	SIGNATURE		DATE		ATE	D	D	/	M	$\mathbb{N}$	/	2	0	Υ	Υ
4	Spouse of student	ID NUMBER													
	FIRST NAME(S)														
	SURNAME														
	SIGNATURE			D	ATE	D	D	/	M	M	/	2	0	Υ	Υ