

2024 SU FUNDING APPLICATION: CONSENT FORM

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 contact information with external funders and donors so they may contact me about any potential funding opportunities. **Please circle your response: YES NO**

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**

1	The Student	ID NUMBER																				
	FIRST NAME(S)																					
	SURNAME																					
	SIGNATURE		DATE	D	D	/	M	M	/	2	0	Y	Y									
2	Parent/Guardian 1	ID NUMBER																				
	FIRST NAME(S)																					
	SURNAME																					
	SIGNATURE		DATE	D	D	/	M	M	/	2	0	Y	Y									
3	Parent/Guardian 2	ID NUMBER																				
	FIRST NAME(S)																					
	SURNAME																					
	SIGNATURE		DATE	D	D	/	M	M	/	2	0	Y	Y									
4	Spouse of student	ID NUMBER																				
	FIRST NAME(S)																					
	SURNAME																					
	SIGNATURE		DATE	D	D	/	M	M	/	2	0	Y	Y									