



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

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

**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 any time.**

|                                |              |
|--------------------------------|--------------|
| <b>Signature of Applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

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 detail that you wish to withdraw your consent.