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	
SUSI Application 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 any time.

Signature of Applicant:	**Date:**

Should you wish to withdraw your consent, please email 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.