

Student Assistance Office 176 Great George Street PO Box 2000 Charlottetown, PEI (902) 368-4640 T (902) 368-6144 F

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## **Department of Education and Lifelong Learning**

## AGREEMENT TO ACCESS THE CONFIRMATION OF ENROLMENT PORTAL

Name of Institution (please print)	El Code
SUPER USER (El official who has <i>primary</i> re	esponsibility for confirming full-time enrolment):
Name (please print)	Position/Title
E-mail Address	Phone Number
<u>USER</u> (other El officials who have responsil	bility for confirming full-time enrolment):
Name (please print)	Position/Title
E-mail Address	Phone Number
Name (please print)	Position/Title
E-Mail Address	Phone Number
	rity and responsibility for electronically confirming full-tin vards authorized by the Prince Edward Island Stude ed institution.
Signature (Super User)	Position/Title
Name of Educational	

Please complete and email to studentloan@gov.pe.ca