

## **Consent Form: Verification of income**

## **Registration Assistance – Hardship fund**

Student Id number

Student number \_\_\_\_\_

In order to assess eligibility of Council Hardship assistance the University requires confirmation of the student's parent/ guardian's gross household income.

I/We hereby give consent that WITS University may verify my household income information through third parties. I/We hereby give consent under section 69(6)(b) of the Tax Administration Act, that my/our taxpayer information in the records of SARS may be disclosed to WITS to the extent that it relates to my/our levels of income.

| Student signature         | at          | (place) |        |
|---------------------------|-------------|---------|--------|
| On this day o             | f           | (month) | (year) |
| Parents/Guardians Name    | and Surname |         |        |
| Parents/Guardians Signatu | ure         |         | _      |
| Parents/Guardians Name    | and Surname |         | _      |
| Parents/Guardians Signatu | ure         |         |        |