



Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

CONSENT TO RELEASE OF INFORMATION

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the Privacy Act.

I, _____, Family No. and Band Name _____,

consent to the release by _____ of information concerning _____
(Agency, Company or Individual)

_____ to the under-noted Administrative Authority for the
purpose of determining my eligibility for social assistance.

Signature of Applicant

Date

The Administrative Authority will use information provided by the above-named Agency, Company or Individual for the sole purpose of determining the eligibility of the applicant for social assistance

Administrative Authority

Date

Original to

➤ Administrative Authority

Copies to ➤ Client File, Agency/Company or individual