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 MSD/Service Can/Other FNs/TFN Admin of information concerning my income assistance file
(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

901-23 (10-88)

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