



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