



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