



CONSENT TO RELEASE PERSONAL INFORMATION

First Name

Last Name

Street Address

Mailing Address

City/Town

Province

Postal Code

I hereby give permission for the release of information concerning my _____

To: _____
Enter Name

Personal information on this form is collected in accordance with section 29(2)(0) No government institution shall disclose personal information in its possession or under its control without the consent, given in the prescribed manner, of the individual to whom the information relates except in accordance with this for any purpose where, in the opinion of the head: (i) the public interest in disclosure clearly outweighs any invasion of privacy that could result from the disclosure; or (ii) disclosure would clearly benefit the individual to whom the information relates.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature

Date