



# Consent to Communicate Personal Information

To Whom It May Concern;

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby give my  
(Print Full Name) (10-digit Registration number (if applicable)) (Date of Birth)

consent to the release of my personal information to the following individual(s), program(s) or organization(s);

- *Example: health services, post-secondary institution, education unit of the First Nation, lands unit of the First Nation, name of a specific individual or individuals, etc.*

- 1.
- 2.
- 3.
- 4.

The personal information that may be communicated with the above mentioned individual(s), program(s) or organization(s) concerns the following;

(Please provide specific details)

Thank you,

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Consenting Individual's Contact information

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_